a hospital and

F-652	71	050	1	Y HEALTH DEPARTMENT	REG. NO.	74	Oso4
BIRTH NO.	CEASED		CERTIFICA	TE OF DEATH		17 32	USUE
(Type or Print)	Josephin	a From	ekowi ek		and hour of deat		
3. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W			idence before educacion
				A. STATE E. COL	JNIY		/) / //
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland c. City or town	Baltimore	1	2610
				Baltimore	D. IN	YES T	NO $\square$
	. Bouldin S	treet		E. STREET AND NUMBER			.40 📙
	more, Md.			336 S. Boul	din Street	t	
Female	White	WIDOWED		8. DATE OF BIRTH 1-13-89	9. AGE (In years last birthdoy)	If Under 1 Months D	Ye. If Under 24 His.
done during most of	UPATION (Give kind of work working life, even if retired)	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign country!	12. CITIZE	N OF WHAT COUNTRY
	ewife	-		Poland		TT C	S.A.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N.	AME	U·k	D • A •
Walt	er Ziemkows	ka		Agnes			
15. Was Deceased (Yes, no or unknown	Ever in U. S. Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	Mrs. Julia B	othoff	A	ADDRESS
18.44			CAUSE OF DEAT	336 S. Bould	in St. Be	ltimor	APPROXIMATE INTERVAL
CThis does in heart failure, injury or con DISEASES Carries to the UNDERLYING	SE OR CONDITION DIF LEADING TO DEATH not meen the mode of asthenio, etc. II meens application which caused ANTECEDENT CAUSES OR CONDITIONS, II of a above cause (A) G CONDITION lost.	dying, e.g., the disease, death.) ony, giving staling the		A CONSEQUENCE OF:	tic C. V. M	sen.	10/05.
	OPERATION GIVEN IN PART OPERATION 198 CONT WAS PERF	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or N	10) 208. IF YES, WERE	FINDINGS CO	ONSIDERED ATH?
OR CONTRIBU	NT WAS UNDERLYING THE TRING CAUSE OF Medicol examiner		e, larm, lactory, street of	or about 21 C. WHERE DID	(If In Boltimo	ore City, give e	exact location)
21 D. TIME OF INJURY (APPROX.)	(Month! (Doy) (Yeof		INJURY OCCURRED  Ie Al  Not While k Al Work	21F. HOW DID IN	JURY OCCUR?		
22. I certify	that (1) (this hospital)	attended th	ne deceased from	uly 11	19 28 to 10	m. 13	19.7/
that (I) (we)	last saw the deceased	d alive an	11/4				accurred an the date
and hour and	from the causes state	ed above (1)	(We) (did) (did not)	lew the bady after death.			
23A. SIGNATU		N		4		23 B. DATE	SIGNED
100	es amon (104	enste	M DEGREE Phys	nding Med.	Shaff Phys.	1/15	171
23C-PHYSICIA NAME (T	Mi (pel Benjamin Hi	ghstei	7	3D. ADDRESS		D-744	
	MATION, 24B. DATE		ME OI CEMETERY OF CRE	121 S. Highl		ity, town, or c	
Burial	1-16-7						ounty) (Stotel
		258 NAME O	y Rosary Ce		ltimore, M	Id.	ADDRESS
JAN 19	977 Robert E.	Jacobs,	4.4	Nicholes Touches Touch Easter	Matthews nu Ave., B	altimo	re, Md.
VS 150-REV. 1/1/6	В						

marks (except 

VS 150-REV. 171/68

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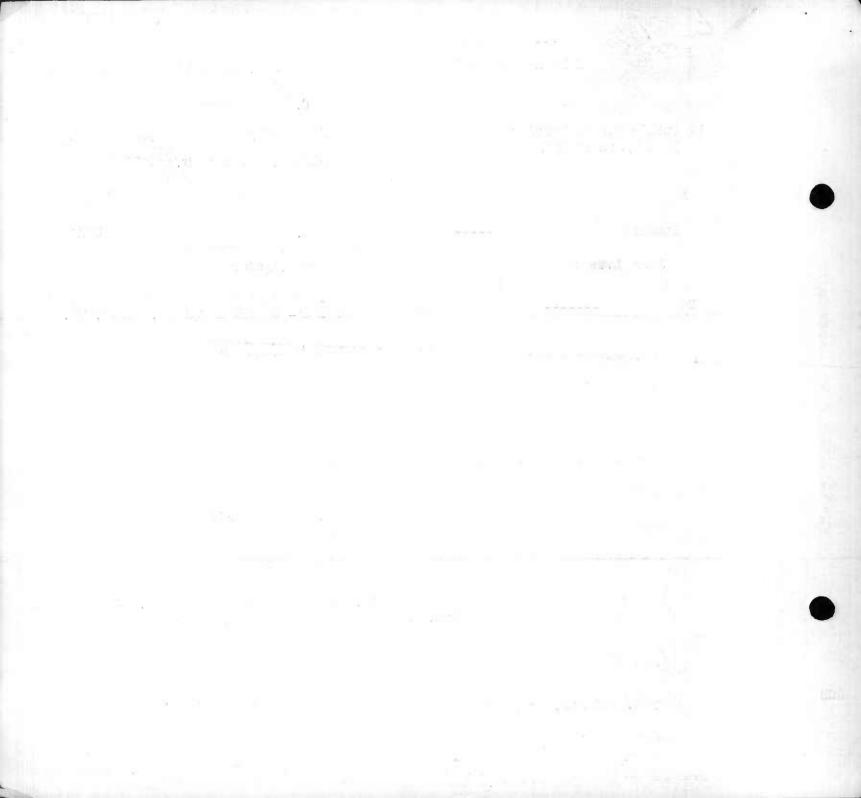
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x 1 3/11 x

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pe or Print)	Mar ent	WORT		AND HOUR OF DEATH	
	KEITH E		J	an. 14, 1971	11 A
PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (	Where doceosed lived, If i	institution: residence before admission
LL NAME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Md.	Howard	62BA
US Public Health Ser			C. CITY OR TOWN		SIDE CITY LIMITS?
× 3100 Wyman Parkwa		Spi tar	Ellicott (		YES NO X
>TOO HAMMI TOTTMO	y			Springs Dij	ve, 21043
EX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in yours last birthday)	Il Under 1 Ye. Il Under 24 Hr Months Doys Hours Min.
M W	WIDOWED		3/18/62	1 8	Months Doys Hours Min.
USUAL OCCUPATION (Give kind of work of during most of working life, even if refired) Student	108 KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or Md.	foreign country)	12. CITIZEN OF WHAT COUNTR
FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
John L.Engel			Mildred Ti	mamus	
Vas Deceased Ever in U. S. Armed Force, no or unknown) (If yes, give wor or dotes	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	0.55	ADDRESS
MO		? None			prings Drive, 21043
18. 20221		CAUSE OF DEATH	necoras (	S PRS HOSPITE	al, Balto, Md.
DISEASE OR CONDITION DIR	ECTLY		David Lands D		BETWEEN ONSET AND GEAT
LEADING TO DEATH	for a second	(A) IMMEDIATE CAU	Burkitt's 1	ymphoma	19 mos.
(This does not meon the mode of heart foilure, asthenia, etc. It means	the disease.	DUE TO, OR AS	CONSEQUENCE OF:		***************************************
injury or complication which coused	death.)				
ANTECEDENT CAUSES		(B)	A CONSEQUENCE OF:		
DISEASES OR CONDITIONS, if a rise to the above cause (A) UNDERLYING CONDITION last.	stating the	(C)	A CONSEQUENCE OF:	***************************************	
11					
OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED TO TH DISEASE OR CONDITION GIVEN IN PART	E TEDMANNAI	************************	******************************		
19A DATE OF OPERATION 19B COND	NITION FOR V	VHICH OPERATION	yes	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING DECEMBED TO CAUSE OF DEATH (notify medical examines)	21 B. hom etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or about 21 C. WHERE DID ice bidg., INJURY OCCUR	(If in Boltimos	re City, give exact focotion)
OF INJURY (Month) (Day) (Your)	1	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
(APPROX)	Whi War	le At   Not While			
22. I certify that (1) (this haspital)			ec. 14	_19 70_ta_	Jan, 14 19 71
hat (I)(we) last saw the deceased			C17		nian death occurred an the dot
and have and from the causes state				h.	avail occolled dit the dot
3A. SIGNATURE	0 4	Δ	and and		23B DATE SIGNED
Story 4.	2/4	DEGREE Phys.		Stoff CX	1/14/71
		2	US PHS Hospit	al Balto Ma	
NAME (Type)			TIONNY	war a street UU a MICE	
Gary E/ Feldman,		) DECREE			
NAME (Type) Gary E/ Feldman, S BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 1/18/71	24C. NA				ty, town, or county) (Stole)



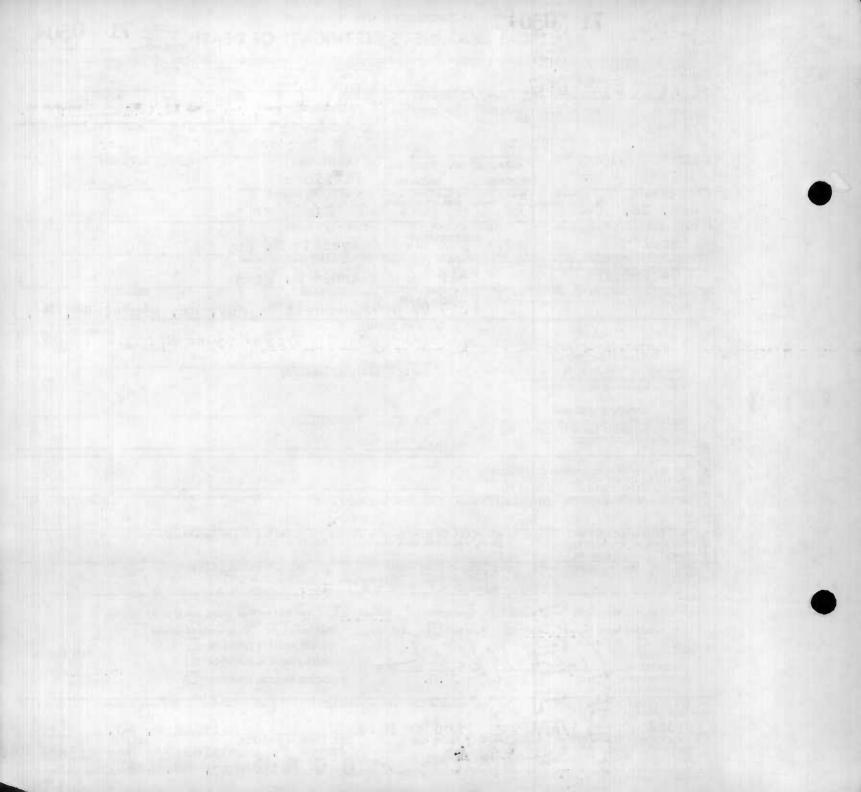
25C. FUNERAL DIRECTOR

James F. Burnside 955 Southridge Rd.

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

258. NAME OF REGISTRAR



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

1	Villa			BALTIMORE CITY	HEALTH DEPARTMENT	1	179.2	0-05
ВІ	RTH NO.	71	0505	CERTIFICA	TE OF DEATH	REG. NO	71	U505
	NAME OF DECE	ASED	2 111	11: 2. 11		ND HOUR OF DEATH		1:- A ==
3.	PLACE IN BALTI	MORE MARYLAND,	K W	INICH H.,	50, 1/1	4/71		10.45 P
	TEACE III DAL	MORE MARIEAND,	WHERE PROP	OUNCED DEAD	4. USUAL RESIDENCE (Who	ere deceased lived. If in	stitution: re	sidence before admission
FI	ULL NAME OF OSPITAL OR	(IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INST	TITUTION, GIVE STREET		LTIMORE		5200
IN	ISTITUTION	ADDINESS OR LOC	Allon		C. CITY OR TOWN Beis	terstown D. INS	IDE CITY LI	MITS?
L	Silla: 11	0/0:-1:	0-0	A I Ti	DALT MOL	乍	YES 🔀	ио 🗌
1	TIME!	OSPITAL	OF R	ALTIMORE	E. STREET AND NUMBER	, , , , ,	Rt	# = 11
5.	SEX le	6. RACE	7. 44 4 PROF	- 17	Berryman			~ /35/11/
1	M	W	WIDOWE	D NEVER MARRIED DIVORCED	9/1/01	9. AGE (In years last birthdoy) 69	Months	Doys Hours Min.
10.		PATION (Give kind of wo	rk 108. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore	oign country	112 CITIZ	EN OF WHAT COUNTRY
do	ne during most of We	orking life, even it retired)		. Transit Co.	marulan			À
13.	FATHER'S NAM		13811	0. 11 11 (8-	Printy in		u	1, S.A.
		rick H	N	1/100	14. MOTHER'S MAIDEN NA			
15					Mariet	CA Or	em	
(Ye		ver in U.S. Armed Fo If yos, give war or do	rces? les of sorvice	SECURITY NO.	17. INFORMANT	PH	Andrew Control	ADDRESS
L	NO			213-10-045	Marie Koel	Wer Reis	terst	Box 11 wd
	18,	3,71		CAUSE OF DEATH		11(1)	1	APPROXIMATE INTERVAL
		OR CONDITION DEATH					101	ETWEEN ONSET AND DEATH
	(This does not	meon the made of	dvina. e.c	(A) IMMEDIATE CAU		TOTULA		
	heart loilure, a	sthenia, etc. It means licotion which couse	s the diseas	e, DUE 10, OR AS A	CONSEQUENCE OF:			
		NTECEDENT CAUSE		CARC	10110	0000	. 1	
		CONDITIONS, if		(B) CORO	A CONSEQUENCE OF:	e BOWEL		18.00 000 000 000 000 000 000 000 000 000
	rise to the	abave cause (A)	sfoling th	g DUE 10, OK AS	A CONSEQUENCE OF:		ì	
	UNDERLYING	CONDITION last.		(c)		**************		
z	OTHER CICABER		A ITRIBITOR I					
ATIO	I IO THE DEATH	ANT CONDITIONS CO	THE TERMINAL					
	19A. DATE OF C	PERATION 198 CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or No	208, IF YES, WERE	FINDINGS (	CONSIDERED
ERTIFIC	0 -	WAS PER				IN CERTIFYING CAL	USES OF D	EATH?
U	IOR CONTRIBUTA	WAS UNDERLYING	21	B. PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If In Boillmore	e City, give	exact location)
정	DEATH Inotify m	redical examined	el	c)	ce ologo import occor:			
EDI	21D. TIME (I	Month) (Day) (Year	(Hour) 21	E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
8	(APPROX.)		W	Thile At   Not While At Work	П			
	22. I certify th	nat (I) (this hospita			72/20	10.70	112	
		st saw the deceas			-171	19 <u>/ U</u> to	/ <del>'                                   </del>	19
				(1) (M) (q14) (d14 of) vi	and th	or in (my) (and ab)	nan death	accurred an the date
	23A. SIGNATURE		100 000 101	(1) (ala) (ala-a) (vi	ew the body offer death.		238, DAJE	SIGNED
		6		M > Atten	ding Med.	Staff IC	1 . /.	1 /
	23C.PHYSICIAN	s	7	DEGREE Phys.	Director LJ	Staff Phys.	1/14	4/11
	ALBE	el	COLA	MA	05	STEELE L	2-1 6	2NITIMODE
24/	1		1245 1	AME of CEMETERY OF CREA			ka. F	BALTIMORE
-	REMOVAL (Spe			-			y, town, or	. / /
254	DUVIA	JAN.18,		vergreen Men		Finksbur	-9, W	1ArylAnd.
	18814 -	100 B	25E NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	0 000		ADDRESS
VS	150-REV-127/20	16/1 Un. 150.5	I.C. Village	do rep. d	1019-20	vaice 0	Wings	s Mills, W

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Butte Timent B. 177114 land

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Town to 1777 - Strayers flow Charles I will a

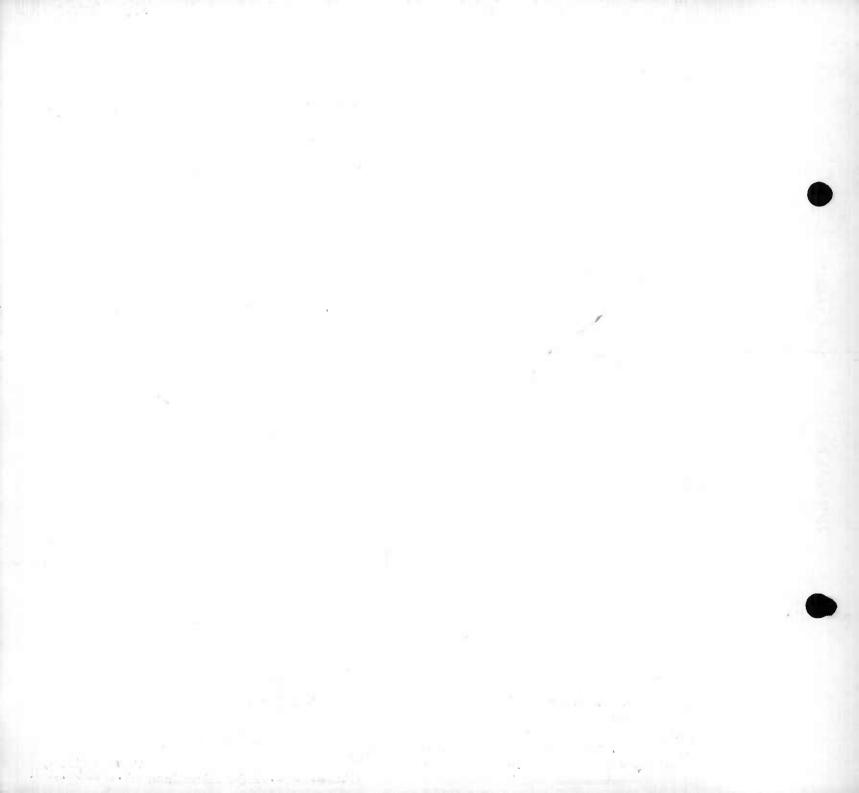
H) Selling Company of the

IMPORTANT

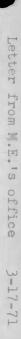
DIRECTOR:

FUNERAL

VS 150-REV. 1/1768



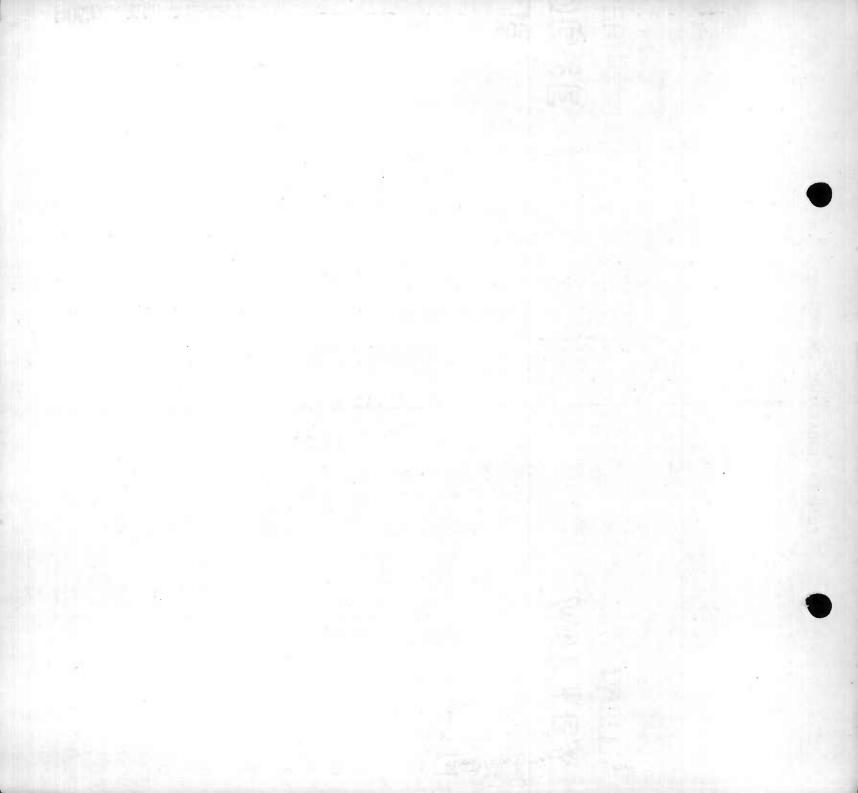
- THE	-30C	71 M	0507 NEDICAL	BALTIMORE CITY HE EXAMINER'S			F DEAT	H <sub>reg. no.</sub>	71	0507	
1. I (Typ	NAME OF DEC		LIAN RE	[D	2. DATE OF DEATH	Known []	Manth	Day	Year	Hour M.	
FUL	L NAME OF		SPITAL OR INST	ONOUNCED DEAD	3. DATE	JNCED DEAD	Month 1	Doy 15	Yeor 1971	9:24 p	
	NOITUTITZAI	rsity Hosp		OA)	A. STATE	esidence (wi	nere deceased li	ed. If Institution	n: residence b	perfore admission)	
6. 5		7. RACE		IED MEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
1	Temale	white	WIDOW		Ва	lto.		Y	ES 🖺	по 🗆	
	b. 23.18	las1 bi	GE (In years irthdny)	H Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.		W. Lomb					
		tate or fareign caun	try)	12. CITIZEN OF	13. FATHER	SNAME					
14A	laryland	PATION (Give kind of	I work 148. KIND	WHAT COUNTRY? USA OF BUSINESS OR INDUSTR		iam Crut					
Guin	during master w	arking life, even lifes	nred)		Lill	ian Cros	bv				
16. (Yes	WAS DECEASI	D EVER IN U.S. AF	RMED FORCES	7 17. SOCIAL SECURITY NO.	18. INFOR	TANT				., 21223	
				215-01-1249A		obert E.	Reid, l	408 W.Lc		St., Balto.	
	19. E-9	1013		CAUSE OF DEA	TH					PROXIMATE INTERVAL EEN ONSET AND DEATH	
		OR CONDITION			D-	eitalie	overdos	0			
	(This daes no heart failure,	at mean the made astheria, etc. It mea aplication which cause	of dying, e.g.,	(A)IMMEDIATE O	AS A CONSEQ		overdos	8		***************************************	
ERTIFICATION	DISEASES ( RISE TO THE UNDERLYIN OTHER SIGN	NTECEDENT CAUSE OR CONDITIONS, IF ABOVE CAUSE (A IG CONDITION LA	F ANY, GIVING ) STATING THE AST.	(c)	AS A CONSE						
TIE	DISEASE OR	TH BUT NOT RELATE	IN PART 1 (A).				scular o	isease			
CER	ZUA. DATE OF	OPERATION 208.	CONDITION	FOR WHICH OPERATION W	AS PERFORN	ED			ves	PSY? (Yes or No)	
DIC	UNDERLYING UTING	MAL CAUSE WAS OR CONTRIB-		228. PLACE OF INJURY (e.g., home, farm, foctory, street, offic Home	In ar obout 2 e bldg., etc.) II	ATURY OCCUR	D (If in Boltimon) 17		t .	9-02	
П	OF INJURY (APPROX.)	Month) (Day) 1-15-71	9:03 p	MHILE AT NOT AT W	WHILE ORK		ted over				
	23. I certi	fy that I held on	Inquiry		topsy 🗵	and that or	n this basis,	death in my	onlaion		
		ed from Notural		Accident Suicio		micide 🗌		ned manner [	_		
ы		( /	1 -	- /		CHIEF MEDICA				DATE CIONES	
	SIGNATU	JRE.	Mula	Buch M.D	. ASSI	STANT MEDICA	L EXAMINER	X		DATE SIGNED	
	EXAMINI NAME (T		dore Mi	halakis, M.D.		CIATE MEDICA	L EXAMINER		1-17	7-71	
	. BURIAL CREA		TE	24C. NAME of CEMETERY	or CREMATO	RY 24	D. LOCATION	(City, town	, or county)	(State)	
1	Burial	1-20		Mount Olivet				re, Mar	yland		
254	JAN	19 1971	258, N	AME OF REGISTRAR		UNERAL DIRE		dson Av.	DDRESS ,Balto	.,Md.21229	
							<u> </u>				



Here were the state of the stat

FUNERAL DIRECTOR: IMPORTANT

	E 2 A	TY HEALTH DEPARTMENT 71 0508
RIPT	THE NO. 71 0508. CERTIFICA	ATE OF DEATH REG. NO.
1. N	AME OF DECEASED E L. LINK	Jan 12, 1971 9:30 p
	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  L. NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission and the state of the sta
HO:	SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO   NO
25	SOUTH BALTIMORE GENERAL HOSP.	E. STREET AND NUMBER 825 FREEMAN ST.
5. \$1	WIDOWED DIVORCED	7-2-18 52
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST during mast of working life, even if retired)	Albany, New York  12. CITIZEN OF WHAT COUNT  U. S. A.
13. F	Hymen Link	14. MOTHER'S MAIDEN NAME Bertha Strauss
	Nas Deceased Ever in U. S. Armed Forces? ,na or unknown) (If yes, give wor or dotes of service)  No	17. INFORMANT  5832 Doris Place  Mr. Victor Link  Alexandria, Va.
NO	rise to the above cause (A) stating the UNDERLYING CONDITION last.  (C) ATC	Consequence of:  LRSC (CROSS)
4	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION WAS PERFORMED  19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A UTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g home, farm, foctory, street, etc.)	p, in or about 21 C. WHERE DID (If in Boltimore City, give exact lacation) affice bldg., INJURY OCCUR?
5	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Wo	
	Work AT WO	rk 🔲
	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on (2-2)	7.0 19 to Dec 2.3 19 7.0 19 ond that In(my) (our) apinion death occurred on the
	22. I certify that (I) (this hospital attended the deceased from that (I) (we) last saw the deceased olive on (2 - 2) - and hour and from the causes stated obave. (I) (We) (did) (did not 23A. SIGNATURE	20, 70, 19 to Doc 7.3 19 7.0 19 ond that In(my) (our) apinion death occurred on the object of the land
	22. I certify that (I) (this hospital attended the deceased from that (I) (we) last saw the deceased olive on (1 - 2) - and hour and from the causes stated above. (I) (We) (did) (did not) 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  23C. PHYSICIAN'S NAME (Type)	ond that In(my) (our) apinion death occurred on the view the bady after death.  Note of the bady after death.  Staff Director Phys Salts Mod.  23B. DATE SIGNED  Phys San B-197
24A	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased olive on (2-2) and hour and from the causes stated above. (I) (We) (did) (did not) 23A. SIGNATURE	200 200 19 to Doc 23 19 19 19 19 19 19 19 19 19 19 19 19 19



2	110	7	to a		BALTIMORE C	ITY HEALTI	DEPARTMEN		Jan V		
BIRTH N	700	_	71	0.56	9 CERTIFIC	ATE C	F DEATH	H REG.	No. 71	0509	
	OF DEC						2. DATI	E AND HOUR OF	DEATH		
					GGIE ALLEN			NUARY 15		1:15	A <sub>M</sub> .
3. PLAC	E IN BAL	IIMORE, MA	RYLAND, W	HERE PRONC	OUNCED DEAD	A. STAT	E B. C	Where deceased li OUNTY	ived. If institution	residence befara admi	issian)
FULL N. HOSPITA	AME OF	(IF NOT ADDRES	IN HOSPITA	L OR INSTI	TUTION, GIVE STREET		RYLAND	BALTIMO		212285	300
INSTITU	TION	ST AG					OR TOWN		D. INSIDE CITY	LIMITS?	
146	)	CATON	E WII	LKENS	AVENUES		ET AND NUMBE	ER	163		
		BALTII	MORE,	MARYL	AND 21229	10	O MELVI	N AVENUE			
5. SEX		6. RACE		7. MARRIED	NEVER MARRIED		OF SIRTH	9. AGE (In ye	eors If Un Month	der 1 Yr. II Under 2	4 Hrs.
FEMA		WHIT		WIDOWED	BUSINESS OR INDUS	03	/15/85	last birthdoy)			
done duri	ng mast of t	working life, eve	n if relired)	IOS KIND O	E BOSINESS OK INDOS			lareign country!	12. C	TIZEN OF WHAT COL	JNTRY?
	ER'S NAM	ROLLE	K				IRGINIA			U.S.A.	
	2						HER'S MAIDEN	10			
15. Was	Decensed	Ever in U. S.	47 L		1 6. SOCIAL		ATHERIN				
(Yes, no a	unknowni	(If yes, give	wor or doles	of service)	SECURITY NO.	17. INFO	DA	_	21229	ADDRESS	
NO 18.	1 1 1				224 = 34 = 691 CAUSE OF DE		AGNES!	RE CORD S	CATON 8		AVES
1 1	DISEAS	E OR COND	ITION DIE	ECTIV	CAUSE OF DE	AIR				APPROXIMATE INTER	
		LEADING TO	DEATH		(A)IMMEDIATE	CAUSE	nastive	Houst For	ilune	34/4	$\sim$
hear	t failure,	at mean the asthenia, etc.	. It means	the disease	0115 70 00	AS A CONSE	VENCE OF:	ueus) ju	<u></u>		
injur	y at cam	plication whi	ch caused	death.)			, ,				
D		NTECEDENT			(B) arvin	DVOSLU	lar athe	expescles	25/5	15/20	Y-
nise	to the	R CONDITION	use (A)	ny, giving stating the			QUENCE OF:	` /		- 1	
UNI	DERLYING	CONDITIO	N lost.		(c) Cere	bro V	uscular	accidu	ent-	6 days.	
Z OTHE	R SIGNIF	CANT CONDI	נוטאג כטא	ITPIRITING							
TO TO DISE	HE DEATI	H BUT NOT RE	LATED TO TH	E TERMINAL	***************************************		**********			• ••••••	
U 19A.	DATE OF	OPERATION	198. CONE	NON FOR	WHICH OPERATION	20 A.	AUTOPSY? (Yes o		WERE FINDING	S CONSIDERED	
O THE DISE.	A C CIDEN	T WAS UND					NO				
OR C	ONTRIBU	TING CAU	SEOF		PLACE OF INJURY (e.				Boltimore City, g	lve exact lacation)	
101	TIME	(Month) (Do			INJURY OCCURRED		015 110111 - 1-				
F OF I	NJURY ROXJ	William (De	y tream	W	ile At Not W	/hile []	ZIF. HOW DID	INJURY OCCUR?			
			1 (1)	We	OR L AI W	ork 🔲	V 0	<del>71</del>	TA RITTA DA	/ 1/	74-
					he deceased from		71	19ta_	JANUAR	19	/1
					(Me) (q1q) ( <b>9</b> (9%)				our) apinion de	ath occurred on the	date
23A.	IGNATU	RE	USUS STUTE	d anave.	A (ue) (ala) (b(d/00)	) view the	body atter dea	th.	23B. D.	ATE SIGNED	
		8		La	MD	Attending	Med. Director	Staff Phys.		01/15/71	
23C.	HYSICIAI	WS.	mari	100	/ D. DEGREE	23 D. ADD			229	31/13//1	
			VIDES	, M.D		ST A	GNES HO		CATON &	WILKENS A	VES
24A. BUR	IAL CREA	AATION, 248	DATE		AME of CEMETERY of			LOCATION	(City, town,		ite)
Bu	RI		1/18/-	7/ 0	7000 SHE	PHEI	00 1	40 WAX	21) (0	Md	
25A, DA1		BY HEALTH I	DEPT.	258 NAME	OF BEGISTRAR		WHERAL DIREC			ADDRESS	4
JA	W 1.9	13/1	الفاقعية	E. Godel	in M.D.		y m	un met	1-x	1228	

BALTIMORE CITY	HEALTH DEPARTMENT
BIRH NO. 71 0510 CERTIFICA	TE OF DEATH REG. NO. /1 U510
T.NAME OF DECEASED (Type or Print) KATALEEN W. VETTER	2. DATE AND HOUR OF DEATH  1-15-71 91 AM  M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)   A. STATE   B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY ORTOWN  D. INSIDE CITY LIMITS?  YES NO I
GOOD SAMARITAN HOSPITAL	921 Dulana / Court # 21204
5. SEX 6. RACE ) 7. MARRIED NEVER MARRIED	The state of the s
Temale White WIDOWED DIVORCED	B. DATE OF BIRTH  4-18-96  9. AGE (In years   If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. Min.)
done during most of working life, even if retired)	11. BIRTHPLA CE (State or foreign (Country) 12. CITIZEN OF WHAT COUNTRY?
At Home	Hyattsville, Md. U.S.A.
Clarence Wilson	Mary Frances Palmer
15. Wos Deceosed Ever in U. S. Armed Forces?  (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
SECURITY NO.	Walter Vetter-2834 Greenway Dr. # 21043
18. 195, O I CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAL	USE KESPILATORY ADREST
(This does not meon the mode of dying, e.g., heart failure, osthenio, etc. It meons the disease,	A CONSEQUENCE OF:
injury or complication which coused death.)	12/ 1.200 0000
ANTECEDENT CAUSES	MINATE INTRAMBOMINAL 6 MOS
DISEASES OR CONDITIONS, If only, giving	a construction
UNDERLYING CONDITION losi. (C)	MALIGUANLY
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).	
	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	yes pu
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, factory, street, or etc.)	in or about 21C. WHERE DID ffice bldg., INJURY OCCUR?  (If in Boltimore City, give exact location)
O 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY  (APPROX.)  While At   Not Whi Work At Work	
22. I certify that (I) (this hospital) attended the deceased from	1/14 1971 to 1/15/ 1971.
that (I) (we) last saw the deceased alive an	19 71 and that In (my) lour) apinian death accurred an the date
and hour and fram the couses stated above. (1) (We) (did) did not)	view the body after death.
23A. SIGNATURE	238. DATE SIGNED
DEGREE Phy	
23C. PHYSICIAN'S NAME TYPE) CHAEL J. PRRECE DEGREE	GOOD SAMARITAN HOSPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (Stote)
Burial 1-18-71 Western Cemet	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Hights Avenue
JAN 19 1971 Valley & Valley M.B. U	Armacost Funeral Chapel-4600 Liberty

and seeming the same of the

FUNERAL DIRECTOR: IMPORTANT

11) 10	7 174	Ottal	BALTIMORE CITY	HEALTH DEPARTME		74 0000
W-6d	3 .11	0511	CERTIFICA	TE OF DEAT	TH REG. NO.	11 031%
NAME OF DEC	EASED			2. DA	TE AND HOUR OF DEATH	1
Type or Print)		nnie) I	WRIGHT	Т	anuary 14, 19	77
B. PLACE IN BAL	TIMORE MARYLAND, W			4. USUAL RESIDENCE	(Where deceased lived, If i	institution: residence before admissio
					COUNTY	12011
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland	To inv	1309
NOITUTITZN				C. CITY OR TOWN Baltimore		SIDE CITY LIMITS?
00 :	2916 Park Wo	od Ave.		E. STREET AND NUM		YES NO
454	To name	19		B. DATE OF BIRTH	Wood Ave.	1 (6 1) 1 2 4 (6 1) 1 2 4 1
S. SEX	6. RACE		NEVER MARRIED	3.6 (**	9. AGE (In years lost birthday)	Months Doys Hours Min.
Temale	Colored	WIDOWED			19 52	
	UPATION (Give kind of war warking life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTR
Housewi				Pineland,	S.C.	U.S.A.
3. FATHER'S NA				14. MOTHER'S MAIDE	N NAME	
MAAAAA	Walliam Ohl			Giran 1 3		
	William Chh		13 (	Gurusha R	ussell	ADDOCCO
es, na ar unknawn	Ever in U. S. Armed Fo		SECURITY NO.	17. INFORMANT		ADDRESS
No				Henry Wrig	ht, 2916 Park	Wood Ave.
IB. 4	STOR CONTITION DI	50,4	CAUSE OF DEAT			BETWEEN ONSET AND DEA
DISEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY		1. 8. 1	Cardiae Fa	lune 24 homes.
(This does n	nal meon the made of	dvina e.a.	(A) IMMEDIATE CAL	A CONSEQUENCE OF:	ceroual	7
heart failure,	asthenia, etc. It meons	the diseose,	DUE 10, OR AS	A CONSEQUENCE OF:		
injury or con	nplication which coused	deoth.)	L/		1	,
	ANTECEDENT CAUSES		(B) My o	eardition	Coronary Se	10105.
	OR CONDITIONS, if		DUE TO, OR AS	A CONSEQUENCE OF		
	e abave cause (A) G CONDITION last.	stoling the	(a)	Victorial		i
ONDERCHIN			(c)			
z	11		7	1		
	FICANT CONDITIONS CO TH BUT NOT RELATED TO T		Ł	) La perteo		and the same of the same of
DISEASE OR C	ONDITION GIVEN IN PAI		WHICH OPERATION	20 A. AUTOPSY? (Yes	or Noll 208 IE VEC WEDE	FINDINGS CONSIDERED
E MANDATE OF	WAS PER	FORMED	WHICH OFERATION	Zon. Adjorst; tres	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF	NT WAS LINDED VING	218	BLACE OF INTURY IS S	n at about 21C WHERE	DID (If to Relation	City of a second and a
OR CONTRIBI	NT WAS UNDERLYING [ UTING ] CAUSE OF	hom	PLACE OF INJURY (e.g., i e, farm, foctory, street, o	ffice bldg., INJURY OCC	UR?	ore City, give exact lacation)
U	medical examiner	etc.				
21D. TIME	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F, HOW D	ID INJURY OCCUR?	
OF INJURY		Wh	le At Not While			
				3511	7.0	111 12 1070
22. I certify	that (1) (thi <del>s ho</del> spita	d) attended t		9-9	19 70 ta D	19.
that (1) (we)	last saw the decease	ed olive an	1)ce 12	19.70	and that in (my) (our) as	oinion death accurred an the d
and hour an	d fram the causes sta	ted abave. (1	) (We) (did ) (did nat)	iew the body after d	eath.	
23A. SIGNATU			, (, (, (, (,			23B. DATE SIGNED
4	1 / -	river !	And And	ending Med.	Stoff	Jan. 16, 19
		"lune"	DEGREE Phy		☐ Phys. ☐	Jen. ici
23C. PHYSICIA	(ype)			23D. ADDRESS		va 01017
		assermar	MD DEGREE	1501 Euta	w Place Baltim	nore, Md. 21217
4A. BURIAL CRE	MATION, 24B. DATE		AME of CEMETERY or CR	EMATORY	24D. LOCATION	City, town, or county) (State)
REMOVAL (	- 1 - 1	71 1	hutua Mam D	a mis	Dalling M	[am., ] am.]
Entembme	Ber Anna A har		butus Mem. P	25C FUNERAL DI	Baltimore, M	ADDRESS
JAN 1	9 1971 (2.6.6	2 30	(120)	Kenneth H	. Law, 4609 P	ark Heights Ave.
/S 150-REV. 1/1/	6B					
	~ -		. 44			

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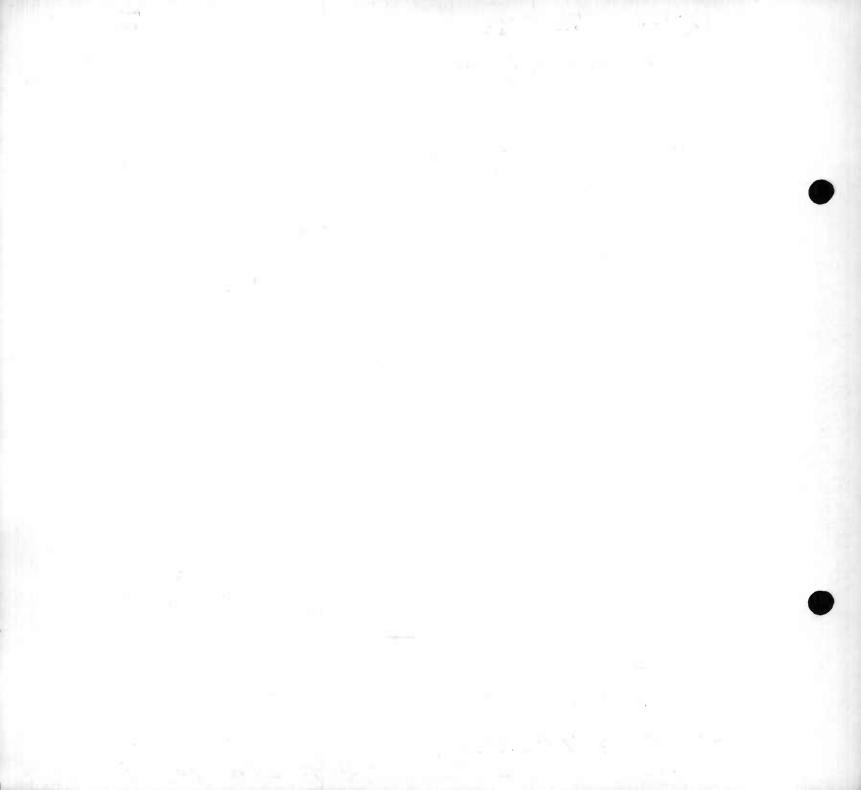
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2-121	ter a		BALTIMORE CITY	HEALTH DEPARTMENT		Ph. /	0.110
BIRTH NO.	71 0.	512	CERTIFICA	TE OF DEATH	REG. NO.	/1	0512
Type or Print Bro	dbeck.	ESTE	. h	2. DATE	AND HOUR OF DEATH		-15 h
3. PLACE IN BALTIMORE		PRONOUN	CED DEAD	4. USUAL RESIDENCE	Where deceased lived. If in	stitution: reside	ence before odmission)
FULL NAME OF HOSPITAL OR AD	NOT IN HOSPITAL OF	R INSTITUTIO	ON, GIVE STREET	C. CITY OR TOWN	DUNIT	279	78
mr. Sh	rai Mu	ssen	9 Home	Ballim E. STREET AND NUMBE	nu 15	YES 🔀	ио 🗌
5. SEX - 16. RACE	ach Hu	ilt,	Aue.	3708 A	baulding.	Aue.	
F	W WIE	OWED	DIVORCED DIVORCED	6/19/87	last birthday) 83	If Under 1 T Months Doy	s Hours Min.
10A. USUAL OCCUPATION done during most of working lit	(Give kind of work 108, K fe, even if retired)	IND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stole of		12. CITIZEN	OF WHAT COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME		
15. Was Deceased Ever in (Yes, no or unknown) (If yes,	U. S. Anned Forces?	envice) 16.	SOCIAL SECURITY NO.	17. INFORMANT		ADI	DRESS
			SECORITI NO.				
LEADIN	ONDITION DIRECTLE G TO DEATH  the mode of dying		CAUSE OF DEATH	wie hege	oditi;		PROXIMATE INTERVAL EEN ONSET AND DEATH
injusy or camplication	elc. If means the d	Sense	An A	CONSEQUENCE OF:	1 - D. T		
DISEASES OR CON rise (a the above UNDERLYING COND	cause (A) s(alin	giving g the	(B) DUE TO, OR AS	A CONSEQUENCE OF:	(aue	**********	P P P P P P P P P P P P P P P P P P P
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION 19A. DATE OF OPERATI	OT RELATED TO THE TERM	MINAL	***************************************	***************************************			
19A-DATE OF OPERATI	ON 198 CONDITION WAS PERFORME	FOR WHIC	CH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF TES, WERE FI	INDINGS CON	ISIDERED H?
OR CONTRIBUTING	CAUSFOR	218, PLA home, fo	CE OF INJURY (e.g., in form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoc	ct locotion)
21D-TIME (Month) OF INJURY (APPROX.)	(Doyl (Teor) (Hour	While A Work	URT OCCURRED  Not While At Work		NJURT OCCUR?		
22. I certify that (I) that (I) (we) last sov			eceased from	ugai	1967 to All	$\sim$	19_7/
'/		/	e) (dld) (did)	ew the bady after deat	that in (my) (our) apin	lan déath oc	curred an the date
23A. SIGNATURE	( + 1)					238, DATE SIG	NED
23C. PHTSI CHAN'S	6/ Kal	M/	DEGREE		Staff Phys.	Theh.	7-1971
NAME (Type)	VIS T.	LAV	y M.DE	3502Wik	vae- ave	Back	truck Ma
24A. BURIAL CREMATION, REMOVAL (Specify)	24B. DATE	24C, NAME	of CEMETERY OF CREA	MATORY 24D.	LOCATION (City,	, town, or coun	ntyl (Stole)
JAN 1 9 1971		AME OF RE		2SC FUNERAL DIRECTO	of Menar	OG DA	DORESS Keila
/S 150-REV. 1/1/68		7		15-171-2	- TIV 1700	1000	- di- gre



Sacred Heart

258, NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

Baltimore County, Maryland

ADDRESS

1901-07 Eastern Ave.

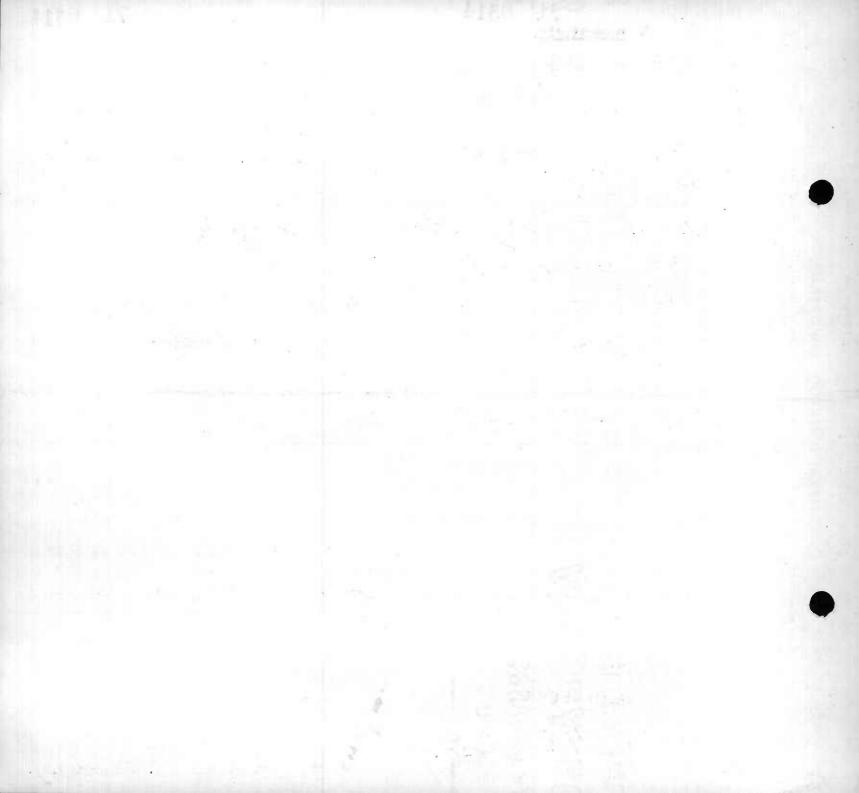
25C. FUNERAL DIRECTOR

& Zeiler Inc.

BALTIMORE CITY HEALTH DEPARTMENT

DIRECTOR: FUNERAL

REG. NO D. INSIDE CITY LIMITS YES V NO Apt. If Under 24 Hrs. Months Doys 12. CITIZEN OF WHAT COUNTRY? ADDRESS BETWEEN ONSET AND DEATH HEMORRITADE 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH NO (If in Boltimore City, give exoct location) and that in (my) (our) aplaign death accurred on the date 23B. DATE SIGNED town, or county) Inc. Cumberland Md



VS 151-REV. 1/1/68

C- 435 71 0515 MEDICAL	BALTIMORE CITY HE EXAMINER'S			DEAT	H <sub>reg. no.</sub>	71	0515
I. NAME OF DECEASED (Type or Print)  WILLIAM CLAYT	ON	2. DATE OF DEATH	Knawn   Estimated	Month 1	Doy 1 D	Yeor 71	Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PROFULL NAME OF HOSPITAL ADDRESS OR LOCATION)  OR INSTITUTION		3. DATE PRONOU 5. USUAL RE	NCED DEAD	Manth  1 deceased liv	Day 10	Yeor 1971	Haur 3 p
	D NEVER MARRIED	A. STATE Md.  B. COUNTY Talbot  C. CITY OR TOWN D. INSIDE CITY LIMITS?					
male negro WIDOWE  9. DATE OF BIRTH 10.AGE (In years lost bighteday) 54 M	D DIVORCED DIVORCED LIFE Under 1 Yr. If Under 24 Hrs. Ionths, Days Haurs Min.	E. STREET A	lto. ND NUMBER S. Higgir	s St	Y	ES 🔼 1	NO 🗆
II. BIRTHPLACE (State or loreign country)  Maryland  14A. USUAL OCCUPATION (Give kind of work 14B. KIND of dane during most of working life, even it retired)	CITIZEN OF WHAT COUNTRY?  OF BUSINESS OR INDUSTRY	13. FATHER'S Cha:	Cles Cla	yton			
ic. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates al service) 119.	17. SOCIAL SECURITY NO. 215-26-468	IB. INFORM	attie Clay Let Clay		Eal	PRESS, Higgi	Md.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart lailure, osthenta, etc. it meons the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	shotgu	AS A CONSEQU	of abdom	en		BEIWE	EEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIND DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FO	AL						
						1	SY? (Yes ar Na)
22A. EXTERNAL CAUSE WAS UNDERLYING TO CAUSE OF DEATH.  22D. TIME (Monih) (Doy) (Year) (Haur) (APPROX.) 12-28-70 1 p	B. PLACE OF INJURY (e.g., me, lgrm, foctary, street, affice hOME  22E. INJURY OCCURRED WHILE AT NOT AT WORK	22I	UKY OCCUR?	iggins ury occu	St.	10	otgun.
23.  I certify that I held on Inquiry Tresulted from Natural causes ACTUAL SIGNATURE EXAMINER'S NAME (Type)  I sidore Mihala	Inspection Aut Accident Suicid	e Hom	ond that on th	is basis, of Indetermin (AMINER		opinion	PATE SIGNED
	Richards Me			ston,	(City, town,	or county)	(Stote)
25A. DATE REC'D BY HEALTH DEPT.  JAN 19 1371 Cases 258. NAV	AE OF REGISTRAR	25C. FU	NERAL DIRECTO	R		DRESS ton, 1	Marylan Md.

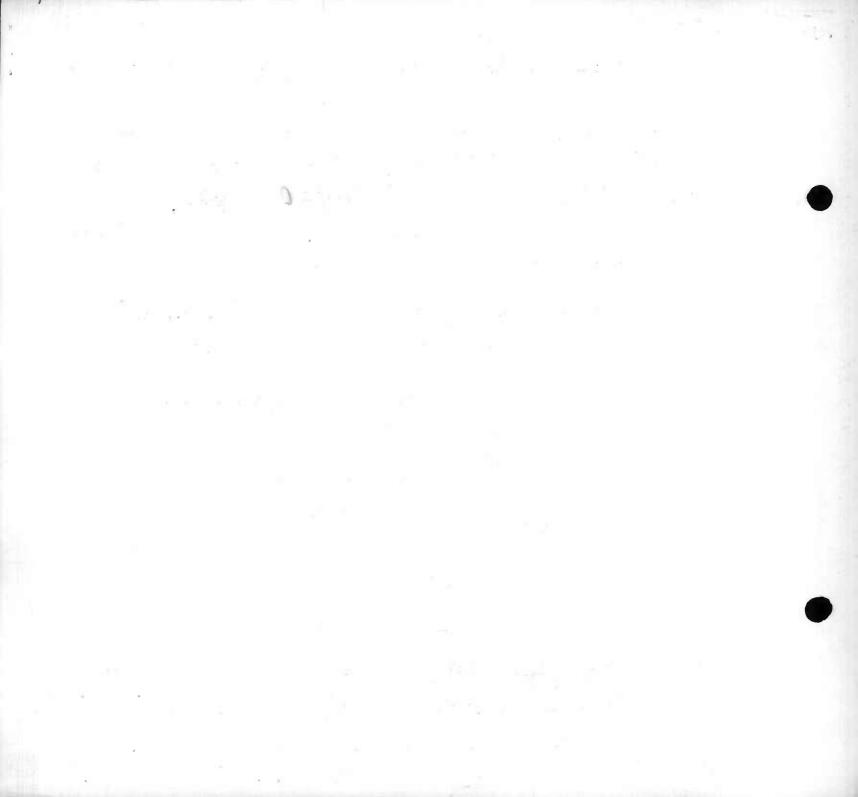
5C EDSTON, Md. THE REAL PROPERTY OF THE PROPERTY OF THE PARTY OF THE PAR

RGB

M-65	5 71	05	16 CERTIFICA			X REG. NO	71	0516	
1. NAME OF DEC					2. DATE AN	D HOUR OF DEATH			
	Catherine 1	Mary M	erryman			. 12, 1971		1: 30	P
3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRO	OUNCED DEAD	A. USUAL RESID	B. COUN	rc decoosed lived, If in	stitutions	residence before a	dmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INS	TITUTION, GIVE STREET	C, CITY OR TOW	MO	ntgomery 6. INSI	DE CITY L		
	olic Health Solyman Parkway	ervice	Hospital	E. STREET AND		Ave.	YES K	k NO	
5. SEX	6. RACE	7. MARRIE	D X NEVER MARRIED	8. DATE OF BIRT	н	9. AGE (In years	II Unde	er 1 Yr. , If Undo	24 Hisa
F	W	WIDOW	DIVORCED	9/4/23		lost birthdoy	Months	Doys Haus	Min.
done during most of	UPATION (Give kind of work working lile, even if retired) DUSEWILE		OF BUSINESS OR INDUSTRY HOMO	11. BIRTHPLACE	(Stote or lore Wash	ington, C.	12. CIT	USA	OUNTRY?
13. FATHER'S NA	ME			14. MOTHER'S M	AAIDEN NA	ME D. U.			
Robe	rt Shipman			Frances	s Wheat	t			
15. Was Deceased	Ever in U. S. Armed For	es?	1 6. SOCIAL	17. INFORMANT	1277			ADDRESS	
NO	None	O. ACITICE	579-20-4849	Recoard	s- US	PHS Hospits	al, B	alto, Md.	
	SE OR CONDITION DIE		CAUSE OF DEATH	26	rdial i	infarct		APPROXIMATE IN BETWEEN ONSET AN	TERVAL ND DEATH
heart failure, injury or cam	ol mean the mode of osthenia, e)c. It means opticalian which caused	the diseas	DUE TO OR AC	A CONSEQUENCE	OF:	***************************************		Y	
	ANTECEDENT CAUSES		(8)						
rise la the	R CONDITIONS, il a abave couse (A) CONDITION last.			A CONSEQUENCE	OF:				
O THER SIGNIF	11 ICANT CONDITIONS COT H BUT NOT RELATED TO TH ONDITION GIVEN IN PAR	E TERMINA	Metastatic	undifferer	ntiated	l carcinoma		Months	
19A-DATE OF	OPERATION 198 CON	ORMED	R WHICH OPERATION	20A-AUTOPSYZ (Yos or No) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES					
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examines	h	1B. PLACE OF INJURY (e.g., in amo, farm, factory, street, aft tc.)	or about 21 C. WH	OCCUR?	(If In Baltimare	e City, giv	re exact location)	-
21 D. TIME OF INJURY (APPROXI	(Monthi (Day) (Year)	V	Vhile At Not While At Work		W DID INJ	URY OCCUR?			
	that (1) (this hospital)			Jan 10		9 71 ta JE ot In (my) (aur) apir	an, I		71
			() (We) (did) (fighty vi			a in (ma) (ant) abit	nan ceo	in occurred on t	ne dote
23A. SIGNATH		2 230,00	At the transfer of the bright A	the budy att	et ceatu.		23 B. D. A.T	TE SIGNED	
Me	enge S	02	Atter	nding Me	d.	Staff Phys.		1/13/71	
23C. PHYSICIA	N'S O		DEGREE	3D. ADDRESS	ector Lad	rnys. ——		1/1//1	
Gary	E. Feldman,	Surg		US PHS Ho	spital	, Balto, Md.	•		
24A. BURIAL CRE	MATION, 24B, DATE		NAME OF CEMETERY OF CRE	MATORY	24D. LC	CATION (Cit	ly, lown, o	or county!	Stotel
Removal Buri	āl 1-16-7	1 Na	atl. Memorial	Park	Fal	lls Church	, Vi	rginia	
JAN 16	BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL	DIRECTOR	V. B. Mees	1	ADDRESS don, Vir	gini
VS 150-REV. 1/1/6	8								

, and Marylan Ha

-1	58-26-44	T-652 BALTIMORE CITY HEALTH DEPARTMENT 71 0517
ova.	djbggggg	BIRTH NO. 71 U517 CERTIFICATE OF DEATH REG. NO
bbr	deat deat cease on th	(Type or Print) FRANCIS, BERNARD 2. DATE AND HOUR OF DEATH 30 PM
rd	of of of ath.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, it institution: lesidence before admission)  A. STATE   B. COUNTY
O	hosp use ; (5) danc	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MA 1302
	ca ca ten to	BALTIMORE CITY HOSPITALS BALTIMORE YEST NOT
Z	uting d ca r att	4940 Eastern Overne 734 Lennox St 21217
3	tribu mine gular sed p	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years lost birthdox)   11 Under 1 Yr. If Under 24 Hrs. Manths; Doys Hours Min.
4	o co e co e si	10A, USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 111. BIRTHPEACE (Stote or foreign country)
A.	or o	porter Hochschild Kohn Md.
N	irect (4) U (4) U (4) U the ispos	EARL Francis VYOLLA rayson
3	ITAN istant he diind; cind; death ce on nal di	15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Ulf yes, give war or dotes at service SECURITY NO.  BCH Records: 4940 Eastern Ave.
3	DRT essissis f th f th d d d d d d	yes   2-1-43*11-17-45*216-18-7767   Balto, Md., 21224
Ed.	his a so, if of any or and or sed or	DISEASE OR CONDITION DIRECTLY 40% 324 10000 131901
2	Als Als artt	(This does not mean the mode of dyles (A) IMMEDIATE CAUSE
1	OR: iner. ractu pro pro	heart failure, asthenio, etc. It means the disease, injury or complication which caused death.)
50	Ho Ho	ANTECEDENT CAUSES (8)
3	exc exd 3) A n r	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
,	edical dical prns; ( rsiciar was i mains	UNDERLYING CONDITION last. (c)
2	FAL I medic medico burns physic an wa	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO THE TER
3	ER icia	DISEASE OR CONDITION GIVEN IN PART 1 (AR  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED  20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
20	Te the Book of the State of the	WAS PERFORMED YES
3	First being place per per per per per per per per per pe	DISEASE OR CONDITION GIVEN IN PART 1 [AR 19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFFING CAUSES OF DEATH?  21A-ACCIDENT WAS UNDERLYINO OR CONTRIBUTINO CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimare City, give exoct location) thame, form, foctory, street, office bldg., INJURY OCCUR?  21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
D	ospinospinospinospinospinospinospinospin	
	oved be ho cept cept d (6	Work Af Work I plat wated grad
	ppr than any ob.	22. I certify that (1) (this hospital) ottended the deceased from
	_ 0 0	that (1) (we) last saw the deceased alive an 19 ond that In(my) (aur) opinion death occurred on the date
	leased to ident of hospital o death)	and haur and from the causes stated above. (1) (We) (did ) (did nat) view the bady after death.  23A. SIGNATURE
	30.0 2 2	Attending Med. Stoff 1/4/7/
	0 - 0 - >	23C. HYSICIAN'S NAME (Type)  23D. ADDRESS 4940 Eastern/ Ave. 4Balto. 1Md. 2122
	O D C P C C	GONDOZ GUCER Saltamore City POSPITONS
	This certif the body v shows: (1) was D.O.A deceased	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State)
	s ce bows: s D. ceas	Burial 1-19-71 Mt. Auburn Cem. Baltimore, Md.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 1 25C. FUNERAL DIRECTOR V. Coil C. ADDRESS
	This of the bashow was deceded writte	JAN 19 1971 Case & Markey   Kelson F.H. 1342 Calhoun St.
		VS 150-REV. 1/1/68



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

			71 U518
5-300 71 0	518 CERTIFICA	TE OF DEATH REG. NO.	
BIRTH NO.	OTO CERTIFICA		
1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEA	. 1
CType or Print) Scott, Leroy		January 150	t 187/1 12.45 P.M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		4. USUAL RESIDENCE (Where decoded lived,	
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  WAVIVERSITY OF MARYLAND HOSPITAL		MARYLAND	1801
			1801
			NSIDE CITY LIMITS?
		BALTIMORE	YES NO
		E. STREET AND NUMBER	
		129 N. Schroeder St	
5. SEX   6. RACE   7. MAD	5/ 5		1 10 Hazar 1 Way 10 Hazar 24 Hazar
MOR	RIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 42	Months Doys Hours Min.
MALE NEGRO WIDO	WED DIVORCED	1/2/29 42	
IOA. USUAL OCCUPATION (Give kind of work 108, KIN	ID OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)		South Carolina	11 C A
Laboren Cop	struction	South Carolina	U.S.A.
EMERSON Scott		14 MOTHER'S MAIDEN NAME	
		1 unia ?	
		C 10/4	
5. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of sen	rice)   1 6. SOCIAL	17. INFORMANT	ADDRESS
M/a	SECORITI NO.	INA SCOTT S	ame as above
100			
18. 7 8 2. 4.1	CAUSE OF DEAT	Н	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH	A. A. IN JA 45 D. J. 455 A. A.	USE HEART FAILURE	
This does not mean the mode of dying,	DUE TO OR AS	A CONSEQUENCE OF:	
heart failure, aethenia, etc. It means the dis-		A CONSEQUENCE OF	
injury or complication which caused death.)			
ANTECEDENT CAUSES	4-1		
DICEASES OF CONDITIONS IS ANY	(B) DUE TO OR AS	A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, if any, g	a trial	A GONGEGOENGE ON	
UNDERLYING CONDITION last	(c)		
	(0,		
Z	Ma 4 de		
OTHER SIGNIFICANT CONDITIONS CONTRIBUT			
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).			
19A. DATE OF OPERATION 194 CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. (F YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
194 DATE OF OPERATION WAS PERFORMED		1 CEXIII III C	CAUSES OF DEATH
U 21A. ACCIDENT WAS UNDERLYING	21 B. PLACE OF (NJURY (e.g.,	in or obout 21 C. WHERE DID (II In Bolt	more City, give exoct location)
, OR CONTRIBUTING   CAUSE OF	21 B. PLACE OF (NJURY (e.g., home, form, factory, street, e	ffice bidg. (NJURY OCCURY	
DEATH (notify medical exemine)	etc.)		
D 21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	215. HOW DID INJURY OCCUR?	
	Maria An - Maria Maria	la man	
OF INJURY	AADII WALL I LIGHTANI	ie r	
	While At Work		
(APPROX)	Work L At Work		ameans 15th 1971
22. I certify that (I) (this hospital) attend	Werk At Work	among 13th 197/ 10 1	amany 15th 1971
(APPROX)	Werk At Work	among 13th 197/ 10 1	
22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive	werk At Work  ded the deceased from I	amany 13th 197/ to 15 th 197/ to and that In(my) (our)	
22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive and hour and from the causes stated abo	werk At Work  ded the deceased from I	amany 13th 197/ to 15 th 197/ to and that In(my) (our)	
22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive	werk At Work  ded the deceased from  on Territory  ve. (1) (We) (did) (did not)	amany 13th 1971 to 2 th 1977 and that In(my) (our) view the body after death.	opinion dooth occurred on the dote
22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive and hour and from the causes stated abo	werk At Work  ded the deceased from J  on Jewing (5)  ve. (1) (We) (did) (did not)  Att	amany 13th 197/ to 14th 197/ to 20th 197/ and that In(my) (our) view the body after death.	opinion deoth occurred on the dote
22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE	werk At Work  ded the deceased from I on Territory (i) (We) (did) (did not)	amany 13th 1971 to 2 th 1977 and that In(my) (our) view the body after death.	opinion dooth occurred on the dote
22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE	werk At Work  ded the deceased from J  on Jewing (S  ve. (1) (We) (did) (did not)  DEGREE At Work	amany (3 th 19 7/ to 19 19 19 19 10 and that In(my) (our) view the body after death.  anding Med. Staff Phys. 123D. ADDRESS	23B. DATE SIGNED
22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE	werk At Work  ded the deceased from J  on Jewing (5)  ve. (1) (We) (did) (did not)  Att	amany (3 th 19 7/ to 19 19 19 19 10 and that In(my) (our) view the body after death.  anding Med. Staff Phys. 123D. ADDRESS	23B DATE SIGNED  1/15/7)  Y LAND HOSPITAL
22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE  23C.PHYSICIAN'S NAME (Type)  TUAN M. CA 24A. BURIAL CREMATION,   24B. DATE   2	work At Work  ded the deceased from J  on Jewison J  ve. (I) (We) (did) (did not)  DEGREE Phy	amany 13th 1971 to 15th 1971 to 15th 1971 to 15th 1971 and that In(my) (our) view the body after death.  ending Med. Staff Phys. 123D. ADDRESS  UNIVERSITY OF MAR	23B, DATE SIGNED
22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  JUAN M. CA	work At Work  ded the deceased from J  on Jeruson (S)  ve. (I) (We) (did) (did not)  DEGREE Phy  DEGREE 4C. NAME of CEMETERY or CE	among 3 th 19 7/ to 2 th 19 7/ to 2 th 19 7/ and that In(my) (our) view the body after death.    Med.   Stoff   Phys.       23D. ADDRESS   UNIVERSITY OF MARE     EMAJORY   24D. LOCATION	23B DATE SIGNED  1/15/7)  YLAND HOSPITAL
22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  34A. BURIAL CREMATION, 24B. DATE  24A. BURIAL CREMATION, 24B. DATE  25BOOK 12BOOK 12B	Werk At Work  ded the deceased from J  on Jewiczy (S  ve. (I) (We) (did) (did not)  DEGREE Phy  Att  DEGREE  AC. NAME of CEMETERY or CR	amany 13 th 19 7/ to 2 th 19 7	23B. DATE SIGNED  23B. DATE SIGNED  115 17)  Y LAND HOSPITAL  (City, town, or county) (Stote)
22e. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specily)  25A. PAYE REC'D-BY HEALTH DEPT 25B. NAME	Werk At Work  ded the deceased from J  on Jewicz (1)  ve. (1) (We) (did) (did not)  DEGREE Phy  AM  DEGREE AT D  D  D  D  D  D  D  D  D  D  D  D  D	among 3 th 19 7/ to 2 th 19 7/ to 2 th 19 7/ and that In(my) (our) view the body after death.    Med.   Stoff   Phys.       23D. ADDRESS   UNIVERSITY OF MARE     EMAJORY   24D. LOCATION	23B DATE SIGNED  VIS /7)  YLAND HOSPITAL
22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased aliverand hour and from the causes stated about 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specily)  25A. PAYE REC'D-BY HEALTH DEPT 25B. NAME	Werk At Work  ded the deceased from J  on Jewicz (1)  ve. (1) (We) (did) (did not)  DEGREE Phy  AM  DEGREE AT D  D  D  D  D  D  D  D  D  D  D  D  D	amany 13 th 19 7/ to 2 th 19 7	23B, DATE SIGNED  23B, DATE SIGNED  115 17;  YLAN) HOSPITAL  (City, town, or county) (Stote)
22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated about 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24A. BURIAL CREMATION, 24B. DATE  25A. PAYE REC'D-BY-HEALTH DEPT 25B. N.	Werk At Work  ded the deceased from J  on Jewicz (1)  ve. (1) (We) (did) (did not)  DEGREE Phy  AM  DEGREE AT D  D  D  D  D  D  D  D  D  D  D  D  D	amany 13 th 19 7/ to 2 th 19 7	23B. DATE SIGNED  23B. DATE SIGNED  115 17)  Y LAND HOSPITAL  (City, town, or county)  (Stote)

Laperen Sett Laper Parkers 149 10 strander St.

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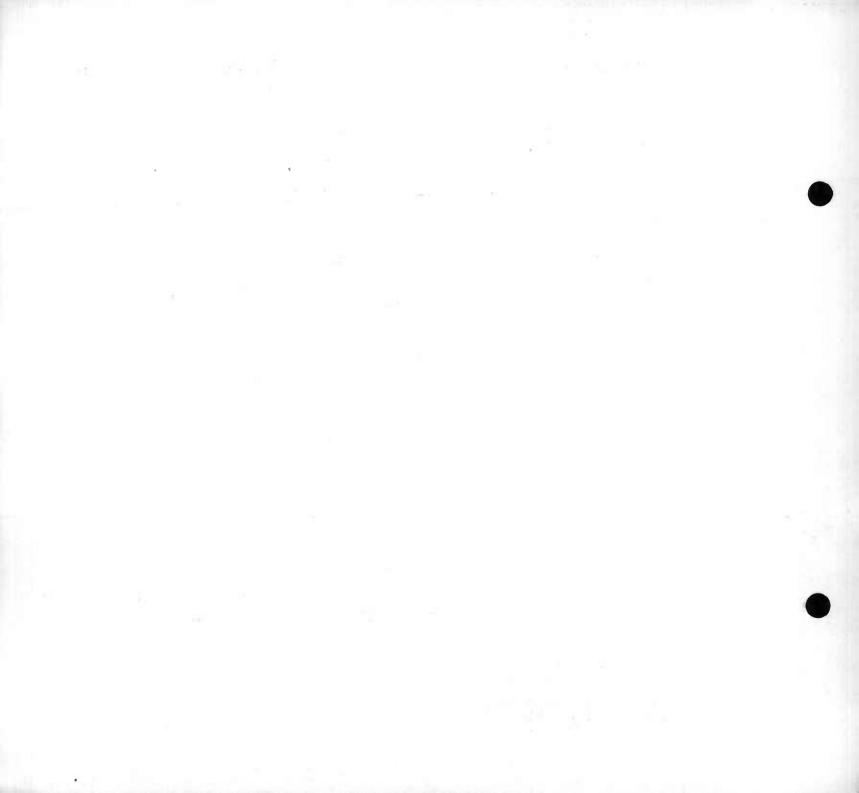
1	) 22	A	71 (	1519	BA	LTIMORE CITY HE	ALTH DEPA	RTMENT				
19	-300	)	MED	ICA	EXA	MINER'S	CERTIFI	CATE OF	DEAT	н	71	0519
BIRT	H NC.						GEI(TITT	CAIL OI	DEAT	REG. NO.		00.40.
	or Print)		Daveta!	n 1			2. DATE OF	Known 2	Month	Doy	Yeor	Hnur
/ DI	ACE IN BALT		Portia				DEATH	Estimoted	1	18	71	11:47 a.
FULL	NAME OF		OT IN HOSPITA RESS OR LOCA					UNCED DEAD	Month 1	18	71	11:47 a
3	8		Univer	sity	Hospi	ital	S. USUAL R A. STATE Md	ESIDENCE (Where	dece ased !	B. COUNTY	residence b	efore odmission)
6. SE		7. RACE		8. MARI	RIED N	EVER MARRIED	C. CITY OF			D. INSIDE CI	TY LIMITS?	A. Brown
	male	Neg		WIDOV		DIVORCED [		Balto.		YI	ES D N	10 🗆
	TE OF BIRTH		losi birthdo 21	y)	If Under I Months   E	Yr. If Under 24 Hrs.		AND NUMBER 20 Divis <b>o</b> r	Stre	et		
	RTHPLACE(SI Baltim	ore	M.			COUNTRY	13. FATHER	illie W	yatt		***	
14A.U	SUAL OCCUP uring most of we	ATION (G	ve kind of work	4B. KIND	OF BUSI	NESS OR INDUSTR	15. MOTHE	R'S MAIDEN NA	WE			
	Unemp	loved	1				Eli	zabeth	Reed			
ió. W (Yes, n	AS DECEASE	D EVER IN	U.S. ARMED	FORCES		SOCIAL SECURITY NO.	IB. INFOR			AI	DDRESS	
-							Ms	Elizabet	h Ree	d , San	me	
19	304	1 21	/			CAUSE OF DEA						ROXIMATE INTERVAL
	L	EADINGT				(A)IMMEDIATE O		rate over	dose			
	heart follure,	osthenio, ét	mode of dy	disease.			S A CONSEQ	UENCE OF:				
		TECEDENI	ch coused dea	th.)								
	DISEASES OF	PCONDIT	IONS IS ANIV	GIVING		(B) DUE TO, OR	AS A CONSEC	QUENCE OF:				**********
2	UNDERLYING	GCONDI	TION LAST.	ING INE		(c)						
ピー			11									
CERTIFICATION	DISEASE OR C	TH BUT NO	GIVEN IN PA	RT 1 (A).	IVAL	Interstiti:			subacı	ite hepa	titis	
¥ 20	A. DATE OF	OPERATIO	N 208. CON	DITION	FOR WHIC	H OPERATION WA	S PERFORM	ED			21. AUTOP	SY? (Yes or No)
1 1 1 1 1 1 1			100			7					yes	
品口	NDERLYING		ITRIB-		nome, join	OF INJURY(e.g., , foctory, street, office NOWN	bidg., etc.)	C. WHERE DID (I	if in Boltimor Unknow		ct location)	
∑ 22 OI	D. TIME (N	Aonth) (	Doy) (Yeor	(Hour		IURY OCCURRED		F. HOW DID INJ	URY OCCL	IR?		
		-18-7]	Un	known	m. WHILE A	TON NOT W	ORK S	aid to be	an ad	dict		
23.		in about 1 to	t		7 .				ated s	ne took		ummies
			lotural code		1		opsy XX	ond that an th				
	resulte	d from: r	totural caus	es L	Accide	nt Suicid				ed manner		
	ACTUAL		1/11	0/1	10	11/1/2		HIEF MEDICAL EX			D	ATE SIGNED
	SIGNATUR	פיכ	4	/h	/ V	JULY.D.				L. ⊡kr	1	/18/71
	NAME (Ty	pe) P	eter Li	pkov	ic, M.	D	ASSO	CIATE MEDICAL EX	CAMINER	[XIX	1/	10//1
REMO	URIAL CREMA VAL (Specify) IPIAI	ATION,	./25/7.		24C. NA	ME of CEMETERY C'lvary	Cemet	ry 24D. L	OCATION	(City, town,	or county)	(Stote)
	ATE REC'D B				AME OF R			UNERAL DIRECTO				
j	41119		36.48	2	2 SA	2100	A	Halst		206 W	orth	a A e
VS 151	REV. 7/1/68			-		*****						***

3/1/71 - Letter from M.E. O.

1	4-217			BALTIMORE CITY	HEALTH DEPARTMENT	71 0500	
	TH NO.	71	0520	CERTIFICA	TE OF DEATH	REG. NO	0320
	AME OF DECEASED			,	2, DATE	AND HOUR OF PEATH	
	HU	ITCHISO	N, CLI	- VELAND		1/15/71	110 8.
3, 1	PLACE IN BALTIMORI	MARYLAND, Y	VHÉRE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. Il in	stitution: residence before admission
HO	LL NAME OF (III	F NOT IN HOSPIT DDRESS OR LOC	AL OR INSTITE	UTION, GIVE STREET		BALTO.	1512
1				0			DE CITY LIMITS?
-	SINA! H	OSPITAL	OF	BALTIMORE	E. STREET AND NUMBER		YES Y NO
14	2					RK HEIGHT	IS AVE.
5. S	EX 6. RAC	E	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	
104	M ISHAL OCCUPATION	N	WIDOWED	DIVORCED	6/18/97	lost birthdoy)	Il Under 1 Yr. Il Under 24 Hrs Months Days Haurs Min.
done	during most of working	lile, even if retired)	Chemi	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZEN OF WHAT COUNTRY
	Laborer		o II CIII I	,	Georgetown	,5 0	USA
13. F	ATHER'S NAME				14. MOTHER'S MAIDEN N.	AME	
	Coome	II and a land	2 330			:#	
15. V	George	Hutchi	son	14 20 0141	Nether		
(Yes,	Vos Deceosed Ever in no or unknown) (If yes,	give wor or dote	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no			185-01-6452	A M's Celie	e Mae Hutch	ison, Same
	18. 0 5 0	71		CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR	CONDITION DI	RECTLY	Cnay			BETWEEN ONSET AND DEATH
	LEADI	NG TO DEATH		CAAP	NEGATIVE	SEPSIS	111
	(This daes nal mee	n lhe mode of	dying, e.g.,	(A) IMMEDIATE CAU	CONSEQUENCE OF:	***********	ary
	hearl lailure, astheni injury ar camplicalia	a, eic. II means n which caused	death.)				
		DENT CAUSES		nce			3
					BITUS ULCEA	2 07 1007	a mos.
	DISEASES OR COI	e cause (A)	any, giving	· ·	A CONSEQUENCE OF:		many-
	UNDERLYING CON	DITION last.	cioning inc	(c) DIA	BETES MI	ELLITUS	means.
		[]					
TION	THER SIGNIFICANT C	ONDITIONS COL	NTRIBUTING				
ATI	O THE DEATH BUT NO DISEASE OR CONDITION	OT RELATED TO TH	E TERMINAL	URI	NARY TRACT	/NEET	10N lwp
윤기	9A. DATE OF OPERAT	TION 198 CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES. WERE F	INDINGS CONSIDERED
CERTIFIC	9	WAS PERF	OKWED		No	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
Ü Z	A ACCIDENT WAS	UNDERLYING	218,	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(I) In Boltimore	City, give exoct location)
A	DEATH (notify medical	exomined	home otc.)	lorm, loctory, street, offi	ce pldg. INJURY OCCUR?	,	any give exect leconomy
91		(Day) (Year)	(Hourl 21E				
51	OF INJURY	(Day) (lean		INJURY OCCURRED  e At  Not While	21F. HOW DID IN	JURY OCCUR?	
-	APPROX.)		Work	e At Not While		,	
2	2. 1 certify that (1)	(this hospital)	gttended the	e deceased from/	112/7/	10 70.	1/15/10/20
	hot (1) (we) lost so			1/15	19.70 ond th		1 19 19
	-			(W-) (10 t) (10 t)	,		lan dooth occurred an the dote
2	3A. SIGNATURE	A COUSES STOT	ed obave. (I)	(me) (did) (did not) vi	ew the body ofter deoth.		
	////	M on	1	$gm \wedge \dots$	dt		23 & DATE SIGNED
	1/ller	4	anne	DEGREE Phys.	ding Med.	Staff Phys.	
2	3C. PHYSIQIAN'S NAME (Type)		Ų.	23	D. ADDRESS		
	ALBE	RT 1-1	1ENINO	R M.n	6215A BIM.	LICO RD.	BALTO, 21209
24A.	BURIAL CREMATION REMOVAL (Specily)		24C. NA	ME of CEMETERY OF CREA			
		7 /07 /2	_			OCATION (City,	, town, ar county) (Stote)
26 A	Burial	T/2T/7	1 MT	Calvary C	emetry A	A County	y M.
ZDA.	DATE REC'D BY HEA	LTH DEPT.	258 NAME OF	REGISTRAR	25C. FUNERAL DIRECTO	8	ADDRESS
	JAN 16		10012	2 20	A Halstead	1206 W No	orth Ave "
/S 15	50-REV. 1/1/68						311 11 4 9



1)-620	Mar a		BALTIMORE CITY	HEALTH DEPARTMENT		74	0=04
BIRTH NO.		0521	CERTIFICA	TE OF DEATH	REG. NO	- 1	0521
1. NAME OF DECE				2. DAYE	AND HOUR OF DEATH		
St	ella DAVI	S		1/10	5/71	0	:20 P
3. PLACE IN BALYI.	MORE MARYLAND, V	WHERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (WI	here deceased lived. If i	nstitution: residence	o before odmission
FULL NAME OF HOSPIYAL OR INSTITUTION	(IF NOT IN HOSM	TAL OR INSTITUTI	ON, GIVE STREET	Marykand	, N 11	/	602
				C. CITY OR TOWN	D. INS	IDE CITY LIMITS?	
	tury Home			Balte		YES 🔭	ио □
	N Paca S	t.		E. STREET AND NUMBER			
	to Md			1510 W. La	fayette S	t. 1	
5. SEX 6	RACE	7. MARRIED	NEVER MARRIED	8. DAYE OF BIRTH	9. AGE (in years last birthday)	If Under 1 Yr. Months: Days	, If Under 24 Hrs
F	N	WIDOWED	DIVORCED	6/27/81	80	Months Days	Hours Min.
10A, USUAL OCCUP	ATION (Give kind of wor	10B KIND OF B	USINESS OR INDUSYRY	11. BIRTHPLACE (Stote of fo	reign countryl	12. CITIZEN O	WHAY COUNTR
Old A	rking life, even if retired)			Maryla	nd	7.7	C .
13. FATHER'S NAME						U	S A
James	Dixon		2x	Annie	AME	?	
			attachts.				
5. Was Deceded E.	ver in U. S. Armed For f yos, give wor or dolo	ces?	SOCIAL	17. INFORMANT	Mr. T	ADDR	ESS
	. Just Stro Hot of Gott	J. ST. SCINCE	SECURITY NO.	Mrs Grace	McLean,	sqme	1000
18. 22 7 7	1 1	41	5 12 2632				
7 7	171		CAUSE OF DEATH	•	\ '	APPR	OXIMATE INTERVAL N ONSET AND DEAT
	OR CONDITION DE	RECTLY	Car de	a. Me it	200	0	TO THE PERIOD OF THE
	moon the mode of	duina a a	(A) IMMEDIATE CAU	SE TEPLET	y secun	7	
heori failure, os	lhenia, elc. Il means	the disease		CONSEQUENCE OF:	12. 1.		
injury or compli	colion which coused	deoth.)	Cerela	at ourseason	, vecester		
AN	TECEDENT CAUSES		. arte	vocleute	CUMI		
DISEASES OR	CONDITIONS, il	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:			~~~~~~~~~
rise la lhe	obove cause (A)	stating the	Cod -	Core Bur a	D. A 0.		
UNDERLYING	CONDITION last		(c)	wersey a	John John John John John John John John	u	
	11						
OTHER SIGNIFICATION TO THE DEATH DISEASE OR CON 19A. DATE OF O	ANT CONDITIONS CO.	NTRIBUTING					
DISEASE OR CON	IDITION GIVEN IN PAR	T 1 (A).	***************************************	*************			***************************************
19A. DATE OF O	PERATION 198 CON	DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or N	O) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONS	DERED
					IN CERTIFIEN CA	USES OF DEATH?	
OP CONVERSION	WAS UNDERLYING	21 B, PL	ACE OF INJURY (e.g., in	or obout 21C. WHERE DID	(If In Boltimor	e City, give exect	locotion)
DEATH (notify m	odicol exomined	elc.)	idin, fociory, street, off	ico bldg., INJURY OCCUR?			
	Aonth) (Day) (Year)	(Hour) 21E IN	JURY OCCURRED	215 110111 -15	Wak a a a si		
S OF MAJORI		While		21F. HOW DID IN	JURY OCCUR?		
(APPROXI		Work	At Work				
22. I certify the	ot (1) (this hospitol	) attended the	deceased from O	ut o	19 70 to JE	n 16	10.77
	st saw the decease			87 10			19_(
					hat In(my) (🖛 opli	nian death acci	arred on the date
23A. SIGNAYURE	om the causes stat	ed obove. (I) (4	(did not) vi	ew the body ofter deoth.			
DI CONALUKE	No.					238, DAYE SIGN	ED
rue	ackels	leigh	DEGENE Phys.	ding Med.	Staff Phys.		
23C. PHYSICIAN'S NAME (Type		Later a despitation of the	DEGIDIE	3D. ADDRESS	4	1	_
1 11 11	mn A	a ala C	SA BO	Callo no.	401	4	
		Drive Le	1 CEMETER BEGREE	66/5 lei	sacis open	- /te	/
WENDIATE CHEWY	1/231	71 24C. ME	Calvary CE	emetry A.	ACAYION COUNT. V	ly. town Micounty	(Stote)
			- 3		Julioy	- 404	
SA. DAYE REC'D BY	HEALTH DEPT.	258 NAME OF R	EGISTRAR	25C. FUNERAL DIRECTO		ADI	DRESS
JAN 19	1971 (Mada)	BE SHEE	MD. U	AO Halstea		1 M	
S 150-REV. 1/1/68	144.4			IN - Haranea	d IZUU W	"orth A	ve.



BALTIMORE CITY HEALTH DEPARTMENT

0522

NO T

4.S.A.

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

ADDRESS

ADDRESS

AUKCUS UT

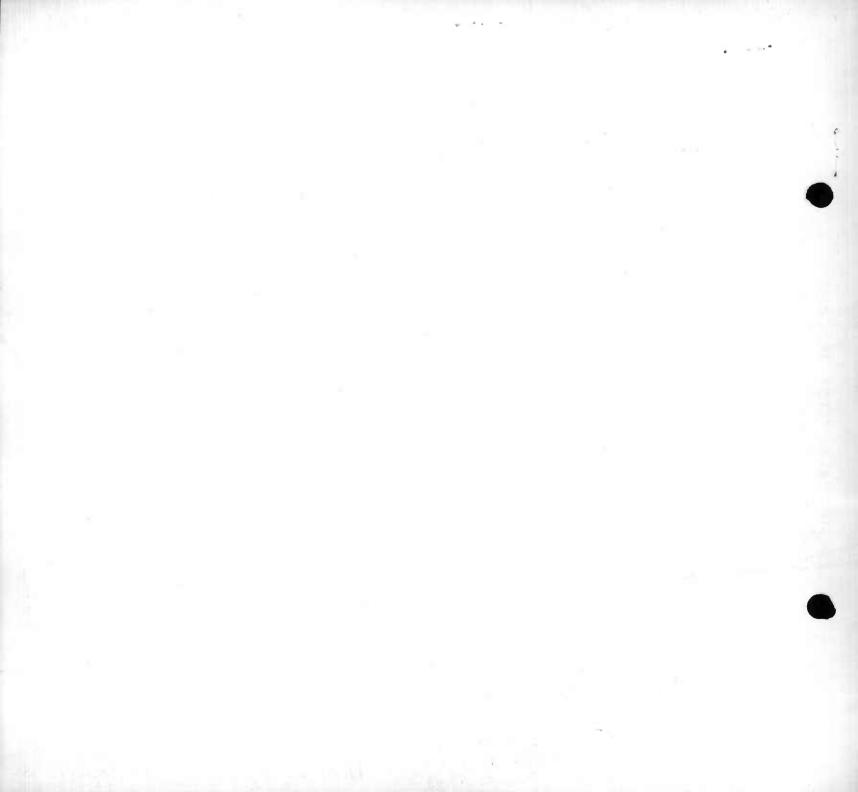
If Under 24 Hrs.

IMPORTANI DIRECTOR: FUNERAL

VS 150-REV. 1/1/68



II INA OPOZ	TE OF DEATH REG. NO. 71 0523
BIRTH NO.	ATE OF DEATH
1. NAME OF DECEASED (Type of Print) WILSON EDDIE A.	1 · i 8 · 71 · I 5 · 45 A.M
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
	A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Lutheran Hospital of Maryland.	P. (// and // an
Lutheran Hospital of Maryland. 730 Ashburton Street Ballimore 21216	E. STREET AND NUMBER
46	3232 NORMOUNT AVENUE
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (in years  lost bigthday)  11 Under 1 Yr. II Under 24 Hrs.  Months; Doys Hours; Min.
M. N WIDOWED DIVORCED	11.21.09
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if relired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Keli, ecl.	South CAROLINA USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Kobert Wilson	Margaret Wilson
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT HOS. Gladys WILSON ADDRESS
No. , 217-03-4260-A	1 1 1 1 2
18. CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	use Fracture base of Skull " 18 day.
(This does not mean the mode of dying an (A) IMMEDIATE CAL	A CONSEQUENCE OF: Sub dural harmilona
healt (ailure, asthenia, etc. It means the disease, injury at camplication which caused death.)	a consequence or Sub dusul harrichona
ANTECEDENT CAUSES	
DISEASES OR CONDITIONS, if ony, giving (B) DUE TO, OR AS	S A CONSEQUENCE OF:
lise to the above couse (A) storing the	
UNDERLYING CONDITION Iost. (C)	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED  1218. PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or of the contributing CAUSE OF C	In or about 21 C. WHERE DID (If In Baltimore City, give exact facation)
OP CONTRIBUTING CAUSE OF	ffice bldg., INJURY OCCUR?
DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY While At I Not While	21F. HOW DID INJURY OCCUR?
OF INJURY  (APPROX.)  1 · 1 · 71 · While At   Not While At Work   Not Work	10 1 July from slep of his house.
22. I certify that (1) (this hospital) attended the deceased from	
that (I) (we) lost sow the deceased alive on	19.7/ond that in (my) (our) opinion deoth occurred on the date
and hour and from the causes stated above. (1) (We) (did) (did not)	
23A. SIGNATURE	23B. DATE SIGNED
	ending Med. Staff 1.18.7/
23C PHYSICIANS	23D. ADDRESS P. Harmin itos Bidel of Maryland
11.0.	730 Ashburton Street Ballingre 21216.
24A- BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY [24D_LOCATION (City, lown, or county] (Stote)
Durial 1/23/71 Arbutus Men	r. Park Balk Margland
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 19 1971 Park E. Jaken M.D.	DOBTORE Dyett F.H. 1761 LAURENS St.
VS 150-REV. 1/1/68	V V



MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 71 0524
1. NAME OF DECEASED A. (Type or Print)  2. DATE Known X Month Doy Yeor Hour OF
Wesley Austin  DEATH  DOY  Yeor  Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION  1 18 71 4:10 a.m.  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
114 N. Monastery Avenue A. STATE Md. B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY (IMITS?
male Negro widowed Divorced Balto.
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. If Under 24 Hrs.   E. STREET AND NUMBER   Months, Doys, Hours, Min.   114 N. Monastery Avenue
Blackstone, Virginia  12. CITIZEN OF WHAI COUNTRY?  U.S.A. 13. FATHER'S NAME  Turner Austin
Blackstone, Virginia U.S.A. Turner Austin  14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME
done during most of working life, even if retired) Retired  Cornelia Vaughn
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL 118. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. Mrs. Louise Hicks 114 N. Monastery Avenue
19. 4 2 1 CAUSE OF DEATH  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Hypertensive cardiovascular disease
LEADING TO DEATH (ALIMMEDIATE CAUSE
(This does not mean the mode of dylng, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenia, etc. Il means the disease,
injury or complication which coused death.)
ANTECEDENT CAUSES (B)
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF:  RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST. (c)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
TO THE DEATH BUT NOT RELATED TO THE TERMINAL  DISEASE OR CONDITION GIVEN IN PART 1 (A).
20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WAS PERFORMED   21. AUTOPSY? (Yes or No.)
no
✓ 22A. EXTERNAL CAUSE WAS  122B. PLACE OF INJURY(e.g., in or about 22C, WHERE DID, (it in Boltimore City, give exect location).
UNDERLYING FOR CONTRIB. home, form, foctory, street, office bldg., etc.) INJURY OCCUR?
DF INJURY (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR?
(APPROX.)  m. WHILE AT ONLY WORK  AT WORK
23.  I certify that I held on Inquiry Inspection XX Autopsy and that on this basis, deoth in my opinion
certify that I held on Inquiry   Inspection XIX Autopsy   and that on this basis, death in my opinion resulted from: Natural courses XIX Accident   Suicide   Homicide   Undetermined manner
CHIEF MEDICAL EXAMINER
DATE SIGNED
ASSISTANT MEDICAL EXAMINED
SIGNATURE ASSISTANT MEDICAL EXAMINER
SIGNATURE EXAMINER'S Peter Lipkovic, M.D. ASSISTANT MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   1/18/71  ASSISTANT MEDICAL EXAMINER   1/18/71
SIGNATURE  EXAMINER'S  NAME (Type)  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY or CREMATORY   24D. LOCATION (City, town, or county) (Stote)
SIGNATURE EXAMINER'S Peter Lipkovic, M.D. ASSISTANT MEDICAL EXAMINER 1/18/71  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stole)
SIGNATURE EXAMINER'S Peter Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER 1/18/71  24A. BURIAL CREMATION, REMOVAL (Specify) Burial 1-22-71 Cellar Creek Bapt. Ch. Cem. Blackstone, Virginia  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
SIGNATURE EXAMINER'S Peter Lipkovic, M.D. ASSISTANT MEDICAL EXAMINER ASSIST

 $\mathcal{D}_{\lambda} = V - V = V$ The terms of the t na company and a company of the contract of th The same of the sa A TOTAL SECTION

IMPORTANT

DIRECTOR:

FUNERAL



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

NO

If Under 24 Hrs.

a hospital and

BIRTH NO.	0 71	0527	CERTIFICA	TE OF I	DEATH	REG. N	10. 71	0527	
1. NAME OF DE (Type or Print)	DUFF, ALO	NZO			2. DATE A	ND HOUR OF D	EATH SAM	1	
3. PLACE IN BA	UF NOT IN HOSPI ADDRESS OR LOC Baltimore	TAL OR INSTIT	UTION, GIVE STREET	A. USUAL RE A. STATE Md. C. CITY OR TO Balti	B. COU	NIY	. INSIDE CITY		nissian)
3/	4940 East Baltimore	ern Aver	nue	E. STREET AN	ND NUMBER	e Street	YES [	No ☐ 21217	
Male	6. RACE Negro	WIDOWED		8. DATE OF 81 11/11/(	02	9. AGE (In year last birthday)	Manth	der 1 Yr. II Under 2 S Days Haurs /	
dane during mast al	warking life, even il retired	KIND O	F BUSINESS OR INDUSTRY	N. C	•		12. CI	USA	UNTRY
	M:	ilus		14. MOTHER'S	Lula				
Unk.	d Ever In U. S. Armed Fo	rces? es af service)	16. SOCIAL SECURITY NO. 220-03-6922A	BCHReco	ords: B	940 Easte altimore,	ern Aven	ue address nd 21224	
DISEASES inse la th	nal mean the made of a sthenia, elc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if a cabove cause (A) G CONDITION last.	any, giving stating the	(B)			4			10000
19A. DATE O	WAS PER	FORMED	WHICH OPERATION		PSY? (Yes or N YES	IN CERTIFYIN	G CAUSES OF	Yes	, _
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF wedical examiner	han etc.	PLACE OF INJURY (e.g., in te, farm, factory, street, of )	fice bldg., INJU	RY OCCUR?	(II In 8	allimare Cily, gi	ive exact lacation)	
OF INJURY (APPROX.)	(Manth) (Day) (Year)		INJURY OCCURRED ile At Wark At Wark		HOW DID IN	JURY OCCUR?	1	1.50	
that (1) (we and hour an		ed olive on			and th		Fepinion de	oth occurred an th	e date
23A. SIGNAT	Joseph	Rol	DEGREE Phys		Med. Director	Staff Phys.	238, DA	TE SIGNED	
23C. PHYSICA	Joseph Ro	oll, M.D		940 East	altimor	e <sup>C</sup> ity Ho nue Balt	spitals imore,	Md. 21224	
Burial	(Specily) 248. DATE 1/22/7		ton Cent.		Noi	ocation cthumber	(City, town,	•	tate)
JAN 1	9 1971 Pase	E. Jal	OF-REGISTRAR ()	Kelso	on F.H.	1348	V. R. Bau	Moun St.	

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

This certificate must be approved by the chief medical examiner or his assistant if death occurred in

FUNERAL DIRECTOR:

IMPORTANT

F H

, , , , 11 being

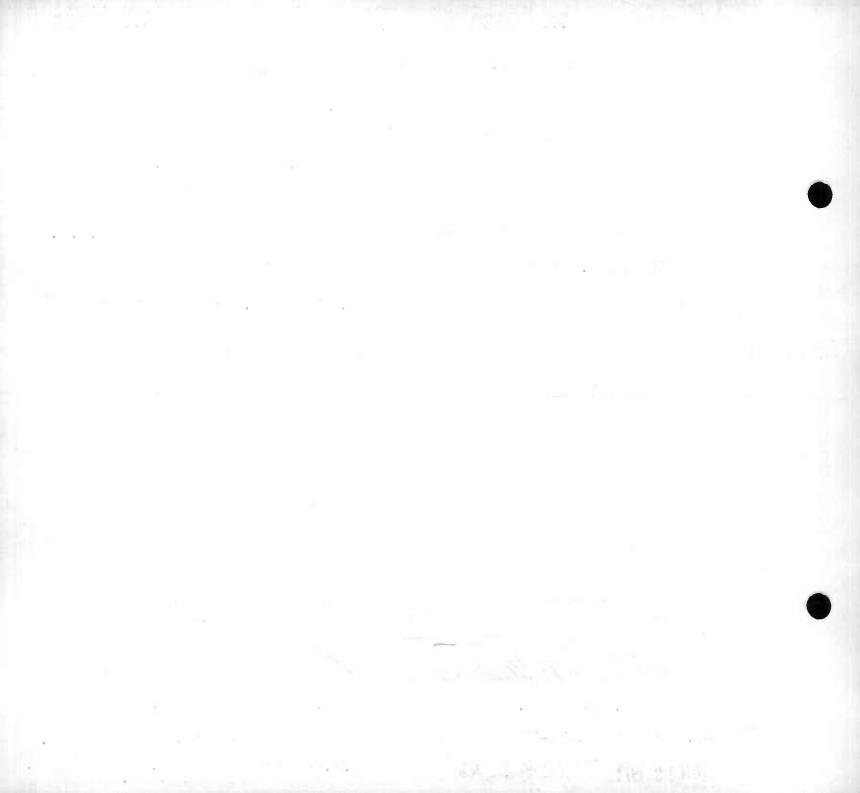
5-15	71	0528		HEALTH DEPARTMENT	REG. NO	71	0528
BIRTH NO.  1. NAME OF DE (Type or Print)	CEASED Mabe	E.S			ND HOUR OF DEATH		
	MIRBE	一二	SPECE		17/74	1	5:15 P
3. PLACE IN BA	LTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Wh A. STATE B. COU	ero de∉eased lived. Il in NTY	stitution: resid	enco before odmission
FULL NAME OF	UF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland			11.11.
HOSPITAL OR	ADDRESS OR LOC.	ATION)	O HON, GIVE STREET	C. CITY OR TOWN	D this	IDE CITY LIMIT	201
110				Baltimore	D. 11431	YES*本	erite.
48	Maryland Ge	neral H	dospital	E. STREET AND NUMBER		1E2	ио []
				3501 St. P	aul Street		
5. SEX	6. RACE	17					
F	W	MARRIED		8. DATE OF BIRTH 4-6-1892	9. AGE (In years lost birthday)	Months Do	Yr. if Under 24 Hrs
		WIDOWED			78		
OA, USUAL OCC	CUPATION (Give kind of world working life, even if retired)	10 B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN	OF WHAT COUNTRY
Secret		Uni	versity Hospi	tal Baltimore	, Maryland	ıl u	J.S.A.
3. FATHER'S NA							
				14. MOTHER'S MAIDEN NA			
Joh	n B. Spence			Jane M	cCullough		
. Wos Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		AF	DRESS 21201
les, no of unknows	(If yes, give wor or dote	s of service)	SECURITY NO.		Na 010		21201
140			217-05-8670	IVIR. Julius	Novey 912	Flaelli	ly Blag.
18.	2,11		CAUSE OF DEAT	1 Realing			PPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY		1661446	_	BETV	VEEN ONSET AND DEAT
	LEADING TO DEATH		(A)IMMEDIATE CAU	1453P	AILURE		3 247
(This daes	not mean the mode of	dying, e.g.,		A CONSEQUENCE OF:			
heart failure,	asthenio, etc. It means	the disease,					to Day
		deam./	17	EMICHO /N	OFMONIA	11	014 4
	ANTECEDENT CAUSES		(R)	Chic Holi		_	/
DISEASES	OR CONDITIONS, If	any, giving	DUE TO OR AS	A CONSEQUENCE OF:			100
rise la lh	e obove cause (A)	sloting the	1	OFLUNG	KTUN	CE-	100
UNDERLIIN	G CONDITION lost.		(c)	01 -0010			
_	-11						
OTHER SIGNI	FICANT CONDITIONS CO	NTRIBUTING				- 1	
C DISEASE OR	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	HE TERMINAL	***************************************				*******
OTHER SIGNII TO THE DEA DISEASE OR C	POPERATION 198. CON	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or N		FINDINGS CO	NSIDERED
	WAS PERI	FORMED		Mo	IN CERTIFYING CAL	USES OF DEA	TH?
21A. ACCIDE	NT WAS UNDERLYING	21 R	PLACE OF INTURY (e.g. in	or obout 21 C. WHERE DID	At In Balai	e City, give ex-	and the section of
TOP CONTRIB	UTING CAUSE OF	hom	e, form, loctory, street, of	ice bidg. INJURY OCCUR?	ht in parimore	e City, give ex	oct locotion;
DEATH (notil)	medical examined	etc.					
DEATH (notify	(Month) (Doy) (Year)	(Hour) 21E.	INJURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?		
OF INJURY		Whi	le At Not While				
		Wor		□.	/	,	
22. I certify	that M) (this hospital	) ottended tl	ne deceased from	1/9	19 71 to 1	17	19 71
	lost sow the decease			1		.111	
			/		not in (pay) (our) opin	nian death o	ccurred an the dot
ond hour on	d from the causes stat	ed obove. (I	(did not) v	lew the body ofter death.			
23A. SIGNATI	JRE A					23B. DATE SI	GNED ,
_	11/1/1	and	Dhim	nding Med.	Staff F	1//	7/7/
23 C. PHYSICI	AN'S		DEGREE Phys	/	Phys.	/ /	1/1/
NAME (	YPEX DE	1	My 40	3D. ADDRESS	1.1491		/
	Warner	110%	900	1531/De	ES 9 1 4		
AA. BURIAL CRE	MATION, 24B, DATE	24C. NA	ME of CEMETERY OF CRE	MATORY (240. L	OCATION (Cit	ly, town, or co	unty) (Stote)
	Specily) 1-20-7						Md.
Burial			reenmount Ce	rnetery	Baltimore,		ivia.
SA. DATE REC'D	BY HEALTH DEPT.	258 NAME C	F SEGISTRAR	25C. FUNERAL DIRECTO			ADDRESS
JAN 1 a	1071 R.Q. 01	7. 12	Che h	Henry W	denkins & E	Salto.	Md.21212
/S 150-REV. 1/1/	68	40.00	- Alleria	1 1000 1	J. 11 1 1000 L	,	



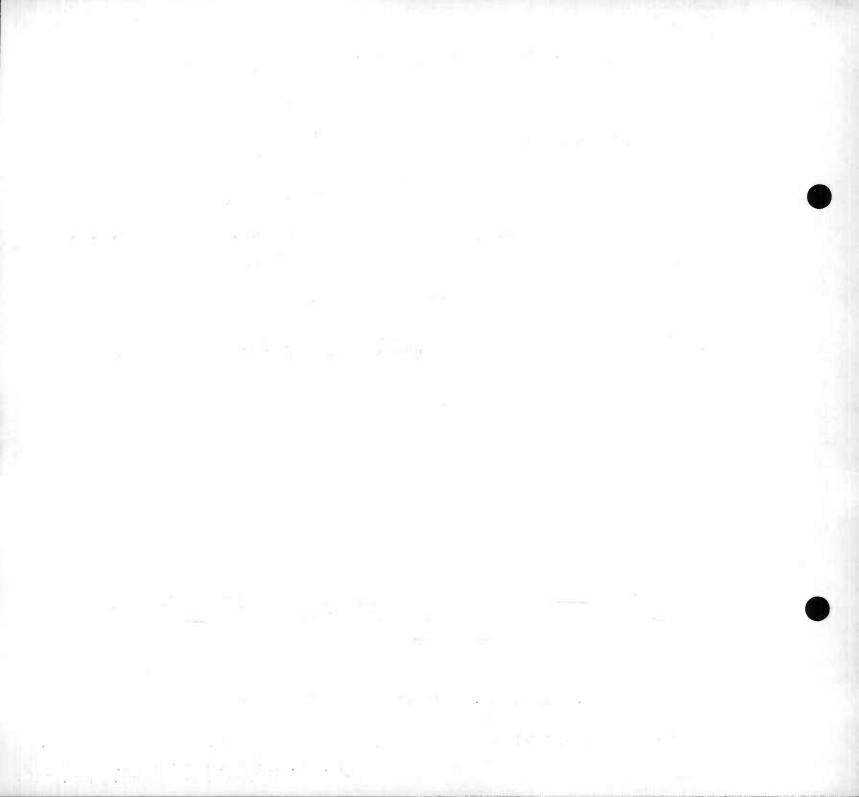
1	7 111	,			BALTIMORE CITY	HEALT	TH DEPARTMENT		191.8	000
	RTH NO.	7:	1 05	529	CERTIFICA	TE C	OF DEATH	REG. No.	71	0529
	NAME OF DECI	ASED	V0-	1	AVER			ID HOUR OF DEAT	гн	
3.	PLACE IN BALT	IMORE, MARYLAND	WHERE BE			114 1161	/-/	フーフノ	1	1:45 PA
			y WHERE FE	ONOU	NCED DEAD	A. STA	TE 8. COUN	re deceased fived, If TY	institutions re	esidence before admission
FI	JLL NAME OF OSPITAL OR	(IF NOT IN HO	SPITAL OR I	NSTITU:	TION, GIVE STREET	6	70.	-		2759
iN	STITUTION		40				ORTOWN		VSIDE CITY LI	MITS?
	JOD.						ALTIMORE	=	YES	NC 🗔
1/2	10 PZ	7 LINS		di	VE.		EET AND NUMBER	Bangy	RD	
5.	SEX	6. RACE	7- MAR	RIED	NEVER MARRIED	8. DATI	OF BIRTH	9. AGE (In years	If Under	1 Yr. If Under 24 Hrs Days Hours Min.
		w	WIDO	WED	DIVORCED	6	1-14-87	9. AGE (In years Jost birthday)	Months	Days Hours Min.
10/	USUAL OCCU	PATION (Give kind of orking tife, even if retire	work 108, KIN	D OF	SUSINESS OR INDUSTRY	11. BIR	THPLACE (State at force	gn countryt		EN OF WHAT COUNTRY
001	re coring most of w	LTEACHE	(a) E	DUC	CATION-		MO	•	1	
13.	FATHER'S NAM	E I CITUATE	= [	201	TOUL	14 440	THER'S MAIDEN NAM		- 4	C.S. R.
	HENRY	CLAY	TRA	UEI	RS			NALL		
15. (Ye	Was Deceased	Ever in U. S. Armed	forces?	inet 1	6. SOCIAL		DRMANT			ADDRESS O D
	112	Yest Sive wot of	uoles di selv		SECURITY NO.	AI I	UFO 2	516	, wil	TOV RU.
-	18.			- 4	CAUSE OF DEATH	ULI	VER S. TF	RAVERS,	SR.	21204
		OR CONDITION	DIRECTIV		CAUSE OF DEATH	111	to muse	2.0.0	infa	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
		EADING TO DEA			C	-	200	ecoca f	- gar	CF
	(This does no	t meon the mode	of dying,	e.g.,	(A) IMMEDIATE CAUS	CONSE	OUENCE OF	sorte por	mack	
	injury at comp	sthenia, etc. It med	ans the disc sed death.)	ease,	0. 44					
		NTECEDENT CAU			aline	Lang	elund	e core	was.	
		CONDITIONS,		uin a	(B) DUE TO, OR AS	CON	-OFBOAR	T TOTAL	350	
	rise to the	abave couse (	A) stoting	lhe	50E 10, OK A5 1	4 00113	EQUENCE OF:			
	UNDERLYING	CONDITION lost.			(C)			******************		***************************************
z		11								
110	IIO THE DEATH	ANT CONDITIONS	THE TERMAN	NG NAL						
CERTIFICATION	DISEASE OR CO	NOTION GIVEN IN	PART 1 (A)		ICH OPERATION	1541				
TIE	Shirt of C	WAS I	ERFORMED	OK WH	TOH OPERATION	20 A.	AUTOPSY? (Yes or No)	10 CERTIFYING C	FINDINGS AUSES OF D	CONSIDERED EATH?
CER	21 A. ACCIDENT	WAS UNDERLYING	3 (1)	218 PI	ACE OF INJURY (e.g., in	20.05	yes	11	es	
AL	OR CONTRIBUT	WAS UNDERLYING	, LI	nome,	form, foctory, street, affi	ce bidg.	INJURY OCCUR?	(If In Boltim	are City, give	exact facotion)
U				etc.)						
MEDI	OF INJURY	Month! (Day! (Ye	ar) (Hour)		IJURY OCCURRED		21F. HOW DID INJU	RY OCCUR?		
~	(APPROXI			While	At Work					
	22. I certify th	not (I) (this hospi	rol) ottend		deceased from		- / -> 1/	27/ 10		2 10 7/
		st saw the deced				30		adoptiones IU management	- Amino	
	1					17	and tho	r in (my) (our) dp	Inion deoth	occurred on the date
	23A. SIGNATURE	THE COUSES S	toted obov	o. (1) (	Welldid) (did not) vie	w the	body ofter deoth.			
		11.1	7-	1	Attend	lina 🗀	Med -		23B. DATE	
	22C BHYSICIAN	4.	me	3	DE GREE Phys.		Director L. P	haff hys.	1-	17-71
	23C. PHYSICIAN NAME (Typ				23	D. ADD			И	
	100	A. Cou	ペナル	EY	DEGREE	ð	227 61	DOV	AVE	
24A	REMOVAL (So	ATION, 248. DATE	240	C, NAM	E of CEMETERY OF CREA	ATORY	24D. LO	CATION (C	ily, tawn, or	countyf (Stote)
	urial	1-21-	1971	Wo	odlawn Cem	eter	1	Voodlawn,		
25A	DATE REC'D.	Y HEALTH DEPT			REGISTRAR		•			,
1	AN 10 1		E. Gal	1		H	W. Jene	ins & Son	s_Co.	ADDRESS ., Md.21212
VS	50-9EV. 1/1/68	4.1		-)	-63	1	1 49U5 \$	urk Koad	Baito.	., Ma.21212



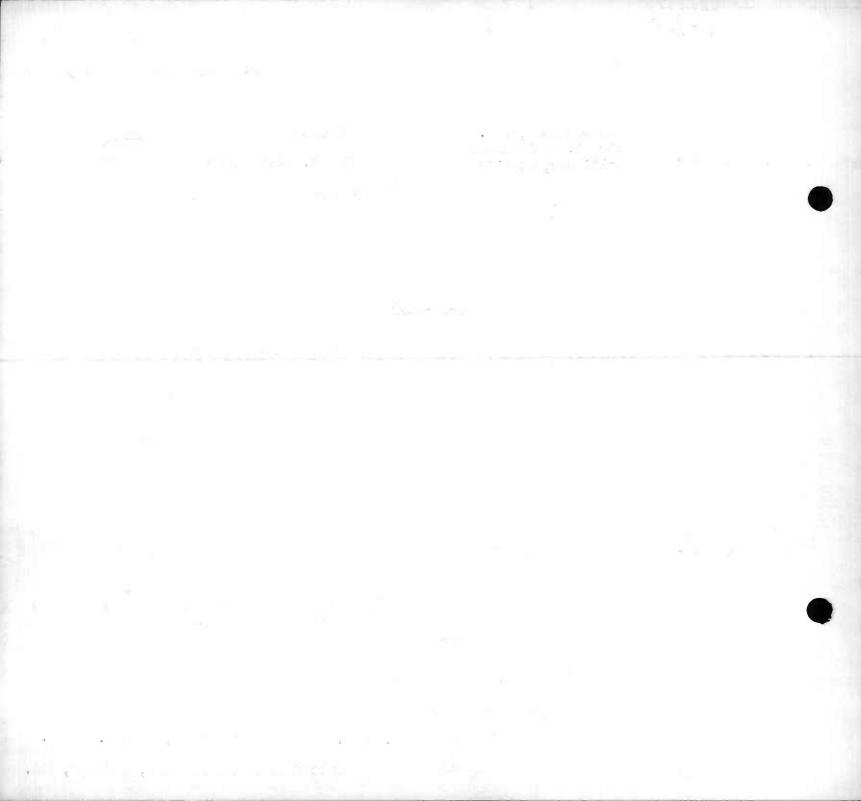
L-53 BIRTH NO.	35 71	053		TE OF DEATH	REG. NO	71	0530
1. NAME OF DE (Type or Print)	CEASED Martha	М.	Landon		ND HOUR OF DEATH		1/10: -
3. PLACE IN BA	LTIMORE MARYLAND, V			4. USUAL RESIDENCE (Who	16-71	netitution! soe	11:30 P. 1
FULL NAME OF HOSPITAL OR INSTITUTION			UTION, GIVE STREET	Md .	N IY	IDE CITY LIN	1201
00	Northway A	partmer	nts	Baltimore E. STREET AND NUMBER		YES Z	NO 🗌
5. SEX	6. RACE	7. ALADDIED	NEVER MARRIED	3700 N. Ch	9. AGE (In years		1 4 11 11 21 11
E)	TAT	WIDOWED		1-16-1901	lost birthdoy) 70	Months I	Yr. If Under 24 Hrs Poys Hours Min.
OA. USUAL OCC	UPATION (Give kind of worl			11. BIRTHPLACE (Stole or fore	10		
Housey	working life, even if refired	1	1 Home	Pennsylvan		12. CITIZE	U.S.A.
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NA			
	hard K.Mead			Fannie			
5. Wos Deceases Yes, no or unknown	d Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		1	ADDRESS 21203
No			JECOKIII NO.	Mr. Joseph V	W. Hogue	2 Нор	kins Place
18.///	2.71		CAUSE OF DEAT				APPROXIMATE INTERVAL
DISEASES (nise to the UNDERLYIN)	not mean the made of asthenic, etc. it means in plicotion which caused ANTECEDENT CAUSES OR CONDITIONS, if e obove cause (A) G CONDITION lost.	the disease, death.) any, giving stating the		A CONSEQUENCE OF:			
TO THE DEAT	TH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	E TERMINAL	***************************************		***************************************		
21A. ACCIDE	OPERATION 198 CON	ORMED	HICH OPERATION	20 A- AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS C	ONSIDERED ATH?
. OR CONTRIBL	NT WAS UNDERLYING THE CAUSE OF medical examines)	21B. home etc.)	PLACE OF INJURY (e.g., in the form, foctory, street, of	or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If In Bollimar	e City, give	exoct location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yearl		INJURY OCCURRED  B At Work  At Work	21F. HOW DID INJ	URY OCCUR?		
22. I certify	that (1) (this haspital	attended th	e deceased from	2/7/46	19 to /	1161-	10
	lost saw the decease			19ond th	ot in (my) (ewr) opis	nion deoth	occurred on the date
ond hour one	d from the causes stat	ed above. (1)	(We) (did) (did not) v	lew the body ofter death.			
23A. SIGNATU	Francis VI	Iluo		nding Med.	Staff Phys.	23 R. DATE	SIGNED 8/7/
23C. PHYSICIA NAME (T	Dr.Francis	W G11		3D. ADDRESS 100 W. Unive	ersity Pkwy	v.	
4A. BURIAL CRE	MATION, 248. DATE		ME of CEMETERY OF CRE				naumtud (Fr. 1
Rem. Buri			mwood Cemet		Norfolk,	y, town, or c	Va.
JAN 1 Q		25B. NAME O		H. Jenkins	Sons & C		ADDRESS York Rd.
S 150-REV. 1/1/					Baltimore	Ma	21212



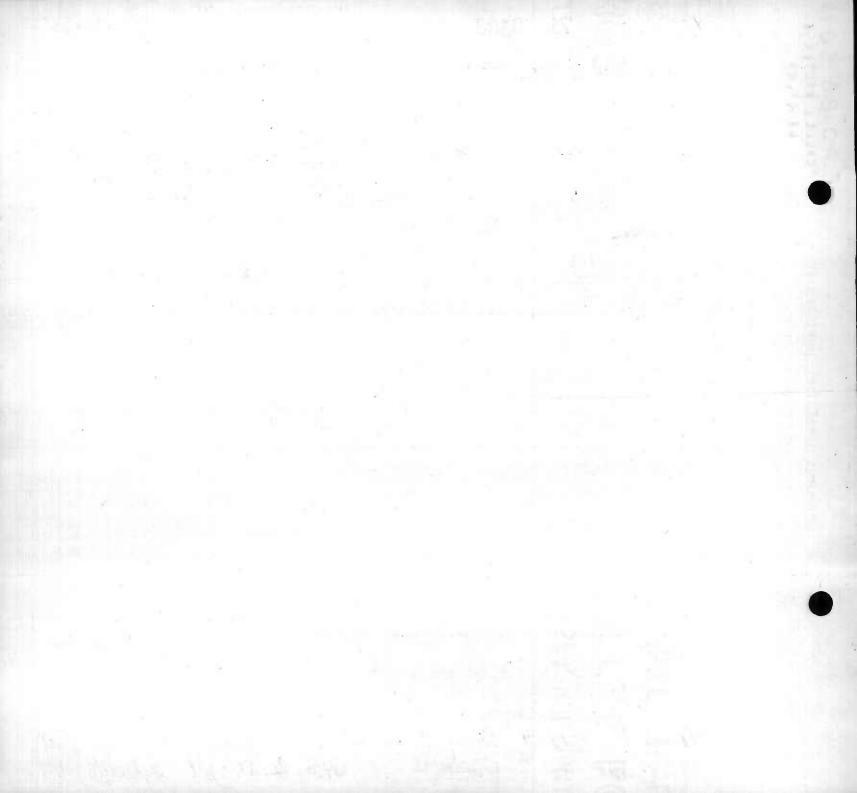
VS 150-REV. 1/1/6B



T-460 BIRTH NO.	71	0532		TE OF DEATH	REG. NO	71	0582
1. NAME OF DEC	Mary FOWLE	R			ND HOUR OF DEATH	7 1 5	7.1.5 7
	IMORE MARYLAND. V		CED DEAD	4. USUAL RESIDENCE (Whe	uary 13 197		(:45 PA
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC		ON. GIVE STREET	Md c. CITY OR TOWN		DE CITY LIMITS?	02
CID	Midtown Ho 808 St. Pa	me, inc.		Baltimore E. STREET AND NUMBER		YES 🖾	NO 🗌
70	Baltimore,			816 St. Paul	Street		
I.	6. RACE	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF SIRTH 11/22/88	9. AGE (In years lost birthday) 82	If Under 1 Yr. Manths Doys	Il Under 24 Hrs. Hours Min.
done during most of w	PATION (Give kind of worl rorking life, even it retired)	108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (Stata or fore	ign countryl	12. CITIZEN O	F WHAT COUNTRY
13. FATHER'S NAM	AE .			14. MOTHER'S MAIDEN NA	ME		
5. Was Deceased Yes, no or unknown!	Ever in U. S. Armed Far (Il yes, give wor ar dote	s of service)	SOCIAL SECURITY NO. 13-38-6259	17. INFORMANT		ADDI	RESS
heart failure, cinjury ar comp  A  DISEASES Of rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH	at meen the made of asthenia, etc. it meens altered to the coused which coused the coused that	the disease, death.) any, giving staling the NTRIBUTING	(B) arter	CONSEQUENCE OF:  A CONSEQUENCE OF:  CELLSTA	Decider EUHD Antrina	e levi	
	OPERATION 198 CON WAS PERI	DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES, WERE F	INDINGS CONS	IDERED
OR CONTRIBUT	T WAS UNDERLYING CING CAUSE OF medical examined	21 B. PLA home, fe etc.)	CE OF INJURY (e.g., in orm, factory, street, all	ar about 21 C. WHERE DID ica bidg., INJURY OCCUR?	(If In Baltimore	City, give exact	locotion)
21D. TIME OF INJURY (APPROXI	(Manth) (Doy) (Yeai)	(Hour) 21 E. INJ While A Work	Not While	21F. HOW DID INJ	URY OCCUR?	<u> </u>	
that (I) (we) I	hat (I) (this hospital lost saw the decease	d alive on	Jan 13	19 1 and the	9 6 1 to opin		3 19 71
and haur and	from the causes stat	ed above. (I) (W	(did nat) vi	ew the bady after death.			
une	lang as	refel	Atter Phys.	ding Med.	Staff Phys.	23B, DATE SIGN	ED
PHYSICIAN NAME (Ty)	on DA	on Lt Fe		0615 Reiste	Stown	ND	
REMOVAL (SE BUTIAL	AATION, 248. DATE	24C.NAME Mira	of CEMETERY of CREATING	MATORY 24D. LC	ntingtown,	Cal.	y) (Stote) Md.
JAN 1	9 1971 Jobs	258 NAME DE R	EOISTRAR	25C. FUNERAL DIRECTOR		me, Owi	ngs, Md.
S 150-REV. 1/1/61	3						



- Dr		1-4	100	71	053	~	ERTIFICA		F DEATH	REG. I	NO. 17	053	3
0 22	and ased the Such	1. NAME	OF DECEAS							ND HOUR OF	DEATH	2/0-	
5	of done	3. PLACE	IN BALTIM	POWELI ORE MARYLAND,	-		DEAD	4. USUA	L RESIDENCE (WHE B. COU	5/71 ere deceased liv	ed. If institution	on: residence bef	M. ore odmission)
8	Hosp use (5) I dance	FULL NA HOSPITAL INSTITUTI	OR OR	(IF NOT IN HOSI ADDRESS OR LO	PITAL OR INS	TITUTION, C	GIVE STREET	M	aryland	NII	D. INSIDE CI	170	2
01	in a ca a ca a ca a ca ca ca ca ca ca ca c							В	altimore		YES		
O X	uting ind ca ir att			s Hopkin	s Hosp	oital			231 Divi	sion St	reet		
tud y	ccurr ntribu mine ggula sed mad	5. SEX Mal		Negro	7- MARRIE		DIVORCED		0 F BIRTH 1/89	9. AGE (In year	ors If C	Inder 1 Yr. If ths Days Hou	Under 24 Hrs.
	o o o o o o o o o o o o o o o o o o o	done during	L OCCUPA	TION (Give kind of w	ork 108, KIND	OF BUSINE			IPLACE (State or fo			CITIZEN OF WH	
	or or		AboreA R'S NAME	2	P	rem			MARY/AND	AME		0.5.7	
<b>+</b>	÷ (4) × + ds			Unk.					Un	K.			
IMPORTANT	istant the di kind; death ce on inal di	(Yes, no or	eceosed Evenunknown) (If	yes, give war or d	Forces? ates of service	16. SOC SEC	12 6192	17. INFO	TAN YIL	Missa	rib.r.	ADDRESS	· Md
POR	s ass any ced ndan or fi	18.24	-36	I CONDITION	DIRECTI V	C	AUSE OF DEAT		· year wa	Momo	COURT	APPROXIMA BETWEEN ON	TE HITERVAL SET AND DEATH
3	Also Also noun atte	(This	LE	ADING TO DEAT	Н	a., (	A) IMMEDIATE CAL		vuin Ster	· Strok	ς		
S.	ner. actur proular mbal	hearl	or complic	henia, elc. Il mea calian which caus	ns the diseas ed death.)	50,	DUE TO, OR AS	A CONSEC	OUENCE OF:				
CTO	A fr A fr A ho reg		ASES OR	CONDITIONS, if	f any, givi		DUE TO, OR AS	A CONSE	QUENCE OF:	•••••			
DIRECTOR:	alex (3) (3) (3) (an s in			above couse (A ONDITION last.	A) slating t		c)						************
	f medical medical y burns; physicia ian was	TO THE	IE DEATH B	II  NT CONDITIONS C  UT NOT RELATED TO  DITION GIVEN IN P	THE TERMINA		Crme	) sep	111 + 61	atral pr	anmonio		
FUNERAL	chie Body the ysic		ATE OF OP	ERATION 19B. CO	ONDITION FO	R WHICH C	PERATION	20A.	N &	IN CERTIFYI	WERE FINDING CAUSES	OF DEATH?	D .
F	tal by by (2) here No ph	OR C	ONTRIBUTION H (notify me	WAS UNDERLYING IG CAUSE OF dical examiner)	2 H	1B. PLACE ( nome, form, etc.)	OF INJURY (e.g., i factory, street, of	n or about fice bldg.,	21C. WHERE DID INJURY OCCUR?	(If In	Baltimore City,	give exact locati	on)
	ospi ospi ature ot w (6) r	21 D. T OF IN	JURY	ionth) (Doy) (Yea		While At	OCCURRED Not Whil	e 🗍	21F. HOW DID IN	JURY OCCUR?			
	the hiny no except and obtain			nt (1) (this haspit		Nork L	Sed from	1/9		. 19 7 ta	1/1	5	19 7)
	sased to dent of a ospital ( death);			at saw the decea			/ / (		body after death	hot In (my) (ee	tyr) apinian	death accurred	an the date
	- V E ^		GNATURE	r D. 5	Ning	W	Atte	nding 🗀	Med.	Staff Phys.	23 B.	DATE SIGNED	7 1
	This certificate must the body was releas shows: (1) An accide was D.O.A. at a hos deceased prior to de written approval mu	23C. P	HYSICIAN'S	0 - 2 0	7 100	100	DEGREE	23D. ADD		op Kini	Horp	ital.	
	dy with O.A. od pp	24A. 8URI REM	AL CREMA	TION, 248, DATE	24C.	NAME of C	DEGREE	MATORY	24D.	LOCATION	, ,	rn, or county)	(Stote)
	This certif the body shows: (1) was D.O deceased written a	BUT 25A. DATE	ial REC'D 8Y	HEALTH DEPT.	258. NAM	A154	Church	(em	SKRY DIRECTO	found	Co.	ADDRES	Ma.
	This the l show was dece	JAN VS 150-RE	119 1 V. 1/1/68	177 Vistal	E FL	els Mid	000	0	May EU	Haight	style	roville,	Md.
									1/	(1	1/		

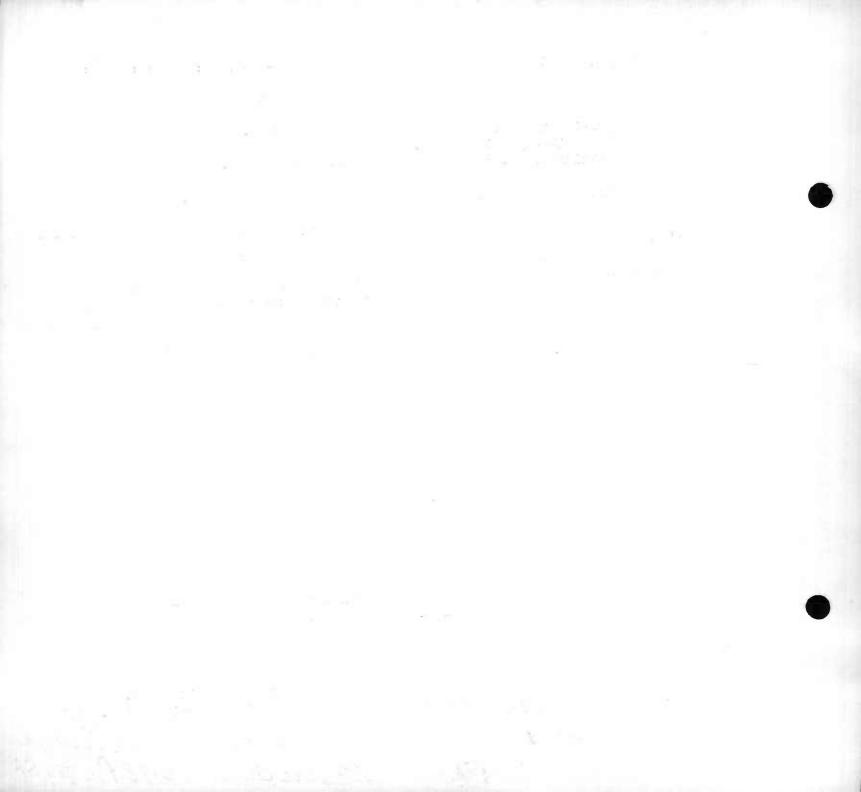


	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was B.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
APORTANT	his assistant if death oc io, if the direct or cont fany kind; (4) Undetern nced death was in reg endance on the deceas d or final disposition is
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred the body was released to the hospital by a medical examiner. Also, if the direct or contributing shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined was D.O.A. at a hospital (except where the physician who pronounced death was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased privatitien approval must be obtained before the remains are embalmed or final disposition is made.
FUN	t be approved by the ch sed to the hospital by a ent of any nature; (2) Bo spital (except where th leath); and (6) No phys ust be obtained before
	This certificate must be the body was released the shows: (1) An accident owas D.O.A. at a hospita deceased prior to death written approval must be

4-140		HEALTH DEPARTMENT		71 0534
BIRTH NO. 71 0534	CERTIFICA	TE OF DEATH		
I. NAME OF DECEASED (Type or Print)	ADD ADDALLA		AND HOUR OF DEATH	
HUBBELL, LEON			UARY 14, 19	971   9:15 P N
B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	ICED DEAD	A. STATE 8. CO	here deceased lived. If it	nstitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUT	ION, GIVE STREET	MARYLAND	CHARLES	S COUNTY 580
NSTITUTION ADDRESS OR LOCATION)		C. CITY OR TOWN		IDE CITY LIMITS?
/ A CT ACNES HOSDITAL		_WALD ORF		YES NO NO
ST AGNES HOSPITAL		E. STREET AND NUMBER		
,		RT 5 BOX 3	35H	
SEX 6. RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	It Under t Yr. If Under 24 His. Months! Days Hours Min.
MALE WHITE WIDOWED	DIVORCED _	09 11 16	54	
A. USUAL OCCUPATION (Give kind of work 10B, KIND OF Bone during most of working life, even if retired)	USINESS OR INDUSTRY	11. BIRTHPLACE (Stole or I	oreign country)	12. CITIZEN OF WHAT COUNTRY
	LOGGING	VIDCINIA		
FATHER'S NAME	LUGGING	VIRGINIA 14. MOTHER'S MAIDEN N	LAME	USA
ADDY II INIDDE:			2	
ARRY H HUBBELL  Wes Deceased Ever in U. S. Armed Farces? [1]	6 SOCIAL		DIS)	e e e e e e e e e e e e e e e e e e e
s, no of unknown) (If yes, give wor of dotes of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO	218-05-589	ST AGNES R	ECORDS-BALT	TO MD 21229
18. / 6.2. /1	CAUSE OF DEAT	1	VIII U	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE Brain Ta	mor pariet	Pal (C)
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease,		CONSEQUENCE OF:	0	
injury or complication which caused death.)				
ANTECEDENT CAUSES	(a) Carc	ensuia 6	rouchogen	cc.
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	A CONSEQUENCE OF:		******************************
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(=)			
10	(c)			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A).				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (A).	***************************************			
194-DATE OF OPERATION 198 CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY7 (Yes or	No. 208 IF YES WERE	FINDINGS CONSIDERED
WAS PERFORMED CAG	more	1/2	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
121 A. ACCIDENT WAS UNDERLYING TO 1218, PL	ACE OF INJURY (e.g., In	or obout 21 C. WHERE DID	(If In Baltimor	e City, give exoct location)
	form, factory, street, of	ice bldg., INJURY OCCUR?	·	,, ,
	JURY OCCURRED	016 116111 616		
OF INJURY		21F. HOW DID I	NJURY OCCUR?	
Work	At Work			
22. I certify that (1) (this hospital) ottended the	deceased from DE	CEMBER 21	1970 to JANI	JARY 14 1971
that M (we) last saw the deceased alive on	ANUARY 14	77 4		nion death occurred on the date
and hour and from the causes stated above. (X) (				occomes on ma date
23A. SIGNATURE		AM THE BOOK OHER GEGIL	18	23 B. DATE SIGNED
( Judlouss		ding Med.	Staff T	01 14 71
23C-PHYSICIAN'S	DEGREE Phys	Director L	Shaff Phys.	01 14 /1
23C.PHYSICIAN'S NAME (Type)		3D. ADDRESS		
ADOLFO ALONSO M.D.	DEGREE	ST AGNES HO	SPITAL CAT	ON & WILKENS AVE
A. BURIAL CREMATION, 248, DATE 24C.NAM	E of CEMETERY of CRE	MATORY 24D	LOCATION (CI	ty, town, or county) (Stote)
Sural Dan 18 1971 (16	n Haven Me	morial Port (	-len Burn	vien / INH
A. DATE REC'D BY HEALTH DATE 258. NAME OF	REGISTRAR	25C. SUNERAL DIRECT	OR 17	ADDRESS #
JAN 19 1971 Kobert E. Marbon	140, () 1) (	painte	Idal de le	1 Janal
	Total Control of the	I DIMANI	shell Mal	

The John Committee of the Committee of t 

1015	1		BALTIMORE CITY	HEALTH DEPARTMENT		71 0505
BIRTH NO.	~ '74	)535	CERTIFICA	TE OF DEATH	REG. NO	- 0300
1. NAME OF DEC	CEASED				D HOUR OF DEATH	
	Prince, Matt			1-16	71 0 / 5	A;M:   8:45 A.
3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD		e deceased lived II in	stitution: residence before admissio
FULL NAME OF	MENOT IN HOSPI	TAL OF INSTIT	HTION CIVE STREET	Maryl		1511
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC		UTION, GIVE STREET	C. CITY OR TOWN		DE CITY LIMITS?
20	Preyiden	t Hospit	al	Baltimo		YES X NO
2/	Z600 Lib	erty Hei	al ghts Ave.	E. STREET AND NUMBER		112 [2] 110 []
	Baltimor	e, Md. 2	1215	3908 Edgewood	Rd-	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	% AGE (In veors	If Under 1 Yr., If Under 24 Hr
Female	Negro	WIDOWED	DIVORCED	17100 76-45	75 yrs.	Months Days Hours Min.
IOA. USUAL OCC	UPATION (Give kind of wor working life, even if retired)	NIOR KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTS
Unemploy				North Caro	line	
3. FATHER'S NA	ME			14. MOTHER'S, MAIDEN NAM		Yes U.S.A.
Post	Then, my	mars	-	D'	7	
5. Was Daceared	Ever in U./S. Armed Fo	11000	C C	Yulla 5	Hance	
Yes, no or unknown	(If yes, give wor or dol	es of sarvicel	SECURITY NO.	17. ANFORMANT Julia	McIvor (Day	ighter)DDRESS Same
			_	Edith Mc Corm	ick(Daughter	same
18.	2,21		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
DISEAS	SE OR CONDITION DI	RECTLY		- n		BETWEEN ONSET AND DEAT
(This does n	LEADING TO DEATH	duine en	(A) IMMEDIATE CAU	SE HCVD O	NA/ FAIL	m week
heort failure,	oslhenio, elc. It means	the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:		
	nplication which coused		1011	andina'i		
	ANTECEDENT CAUSES		(B)	vora vissa		1
DISEASES C	OR CONDITIONS, if a obove couse (A)	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING	CONDITION lost	stotting the	(c)			
	11					
OTHER SIGNIF	CANT CONDITIONS CO	NTRIBUTING				
DISEASE OR C	ONDITION GIVEN IN PAR	T 1 (A).	*******************	*****************		
OTHER SIGNIF TO THE DEAT DISEASE OR CO 1994 DATE OF 214 ACCIDEN	OPERATION 198 CON WAS PER	DITION FOR Y	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
21A ACCIDEN				No	GERIN INTO CAO	JES OF DEATH;
OF CONTRIBUT	TING CAUSE OF	l 21 B	PLACE OF INJURY (e.g., in b, larm, foctory, street, off	or about 21 C. WHERE DID	(If In Bollimore	City, give exoct location)
DEATH (notify	medical examined	etc.)				
DEATH (notify	(Month) (Doy) (Year)	(Hous) 21E	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
(APPROX.)		Whil	e At Work			
22. I certify	that (1) (this hospital			1-9-70	71	. 7:
that (I) (we)	last saw the decease	d allva en	L-16-71	······································	71 to 1-16	19
				1971and the	t in (my) (our) opini	an death occurred an the dat
23A. SIGNATU	er am the couses stat	ed above (I)	(We) (dld) (dld not) vi	ew the body after deoth.		
	(1)	(Time	do Aug	iding Med. S		23B, DATE SIGNED
220 81148161	nyun	gum	DEGREE Phys.	Director L P	hys.	11/7/7/
23C.PHYSICIA	1901	0	2	3D. ADDRESS Provide	nt hospital	Inc
=1	1 JAH V	IAMN	DERS DEGREE	2600 T.	iberty Usial	THC.
REMOVAL (S	MATION, 24B, DATE	24C. NA	ME of CEMETERY OF CRE	MATORY 24D. LO	iberty Heigh	ts Ave. 21215 town, or county) (Stote)
Shiny	15 8 1-19-	76		5	ander of	N
SA. DATE REC'D	BY HEALTH DEPT.	258 NAME O	REGISTRAR	250 FUNERAL DIRECTOR	injula 1	107/h Carolina
IAN 10	1071 22.01	302	200	Parland &	andown n	MED to
S 150-REV. 1/1/6	8	14 1 1 1 1 1 1		mayrul. O	annote I	16 resion

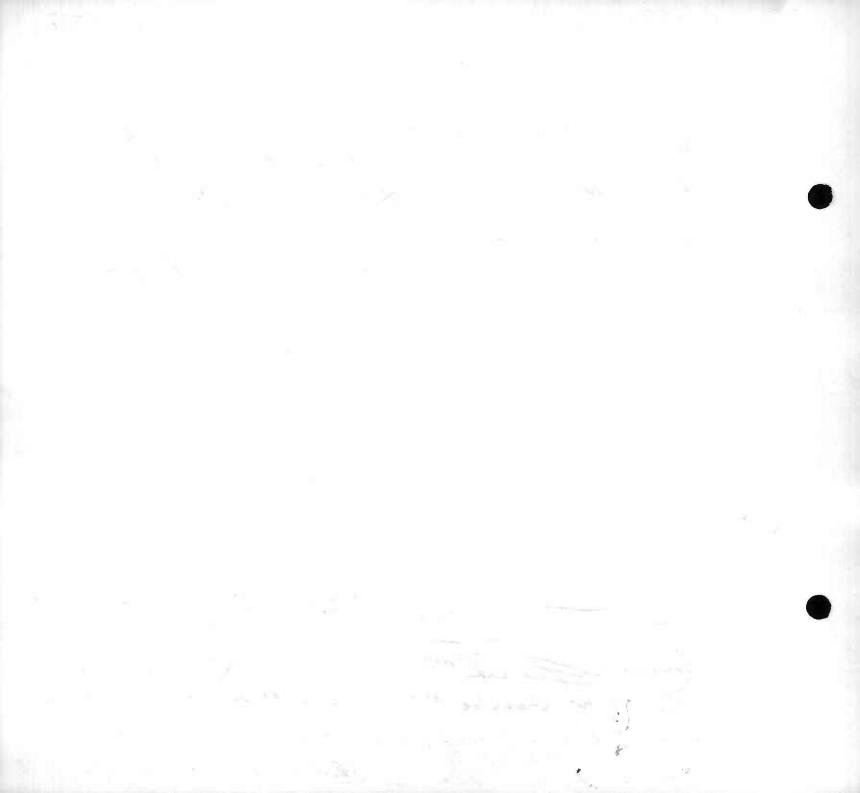


BIRTH NO.	71	0536		TE OF DEATH	REG. NO	71 0536
1. NAME OF DEC (Type or Printl	EASED EE	PE	016	2. DATE	AND HOUR OF DEATH	. 115
3. PLACE IN BAL	TIMORE, MARYLAND	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence belove admission
FULL NAME OF HOSPITAL OR INSTITUTION	OF NOT IN HOSPI ADDRESS OR LOC Provident I 2600 Libert	Hospital	-	A. STATE 8. CO Maryalnd C. CITY OR TOWN Baltimore E. STREET AND NUMBER	D. IN	SIDE CITY LIMITS?  YES NO
	Baltimore,	Marylan	d 21215	2810 Ulman		
- SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr., II Under 24 Hr.
Male	Negro	WIDOWED		10-8-1937	lost birthdoy)	Months Doys Hours Min.
DA. USUAL OCCU	PATION (Give kind of wor	rk 10B, KIND OF		11. BIRTHPLACE (Stole or f	oreign country)	12. CITIZEN OF WHAT COUNTS
one curing most of v	vorking life, even it relifed)					
3. FATHER'S NAM	manager ME	Md. Ca	arpet Co.	Virginia 14. MOTHER'S MAIDEN N	AME	U. S. A.
IIIweee	e O Too					
	S O. Lee	rces?	16. SOCIAL	Etta Trea	кте	
es, no or unknown)	Ever in U. S. Armed Fe (If yes, give wor er dot	les of service)	SECURITY NO.			ADDRESS
NO 18. 24. 32			231-44-453	Mrs. Elain	e Lee 2810	Ulman Avenue
DISEASES OF	R CONDITIONS, if	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	sever	v Contrelis
ise Ia Ihe UNDERLYING	above cause (A) CONDITION last,  II  CANT CONDITIONS CO I BUT NOT RELATED TO T INDITION GIVEN IN PAR OPERATION [178, CON	any, giving staling the ONTRIBUTING THE TERMINAL RT 1 (A).	Severe Por Cong acul mgd, re	Consequence of Polymore Congression Congre	t. acute Homa.	Maria Findings Considered
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19A. DATE OF CO. 21A. ACCIDENT OR CONTRIBUT	above cause (A) CONDITION last.  II CANT CONDITIONS CO I BUT NOT RELATED TO T NOTION GIVEN IN PAR OPERATION 198. CON WAS PER T WAS UNDERLYING	any, giving stating the Stating the TERMINAL RT 1 (A).  NOTION FOR VIFORMED	WHICH OPERATION  PLACE OF INJURY (e.g., ing., form, foctory, street, of	em. Cong. Fila Laborit Congestion	IN CERTIFYING CA	Maria Findings Considered
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19A. DATE OF C	above cause (A) CONDITION last.  II CANT CONDITIONS CO I BUT NOT RELATED TO TO NOTITION GIVEN IN PAR OPERATION 198. CON WAS PER	ONTRIBUTING THE TERMINAL RT 1 (A). POTTON FOR V FFORMED  218, hem elc. (Hourl 21E,	WHICH OPERATION  PLACE OF INJURY (e.g., in e., form, foctory, street, off injury occurred to the control of the	Congedia  20A. AUTO SYZ (Yes or lee bidg., INJURY OCCUR?	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
nise la lhe UNDERLYING  OTHER SIGNIFIK TO THE DEATH- DISEASE OR CO  19A. DATE OF  21A. ACCIDEN OR CONTRIBUT DEATH (nofify at 1) 21D. TIME OF INJURY (APPROX.)	above cause (A) CONDITION last,  II CANT CONDITIONS CO I BUT NOT RELATED TO T INDITION GIVEN IN PAR OPERATION 1798. CON WAS PER I WAS UNDERLYING ING CAUSE OF medical examined (Month) (Doy) (Year)	ONTRIBUTING THE TERMINAL RT 1 (A).  WITTON FOR VITORMED  (Hourl 21E, Whith Word  (Hourl 21E, Whith Wor	WHICH OPERATION  PLACE OF INJURY (e.g., in e., form, foctory, street, off injury occurred to the control of the	Cong. File  Legisland Congestion  20A. AUTO-SYZ (Yes or obout) 21C, WHERE DID  ice bidg., INJURY OCCUR?  21F. HOW DID IN	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19A. DATE OF C	above cause (A) CONDITION last.  II CANT CONDITIONS CO BUT NOT RELATED TO T INDITION GIVEN IN PAR OPERATION 198. CON WAS PER T WAS UNDERLYING TING CAUSE OF medical examined (Month) (Doy) (Year)	any, giving slaling the Slaling the DNTRIBUTING THE TERMINAL RT 1 (A). HOTTON FOR VEFORMED  21B. hem elc.]  (Hourl 21E Whi Wor	PLACE OF INJURY (e.g., in e, form, foctory, street, off Not White k At Work	Cong. File  20A. AUTO SYZ (Yes or loce bidg., INJURY OCCUR?  21F. HOW DID IN	IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?  TE City, give exocl location)
OTHER SIGNIFIC TO THE DESTRUCTION OF CONTRIBUTE DEATH (notify a 21 A. A.C. T.	above cause (A) CONDITION last.  II CANT CONDITIONS CO I BUT NOT RELATED TO T INDITION GIVEN IN PAR OPERATION 198. CON WAS PER I WAS UNDERLYING ING CAUSE OF medical examined  (Month! (Doy) (Year) hat (I) (this haspital ast saw the decease	any, giving stating the stating the DNTRIBUTING THE TERMINAL RT 1 (A).  ADITION FOR VIFORMED  (Hourl 21E, Whith World Wo	PLACE OF INJURY (e.g., ire, form, foctory, street, old injury occurred to the control of the con	Cong. File  Congestin  20A. AUTO SYZ (Yes or I)  1 or oboup 21C. WHERE DID In  1 ice bidg., INJURY OCCUR?  21F. HOW DID IN  1 3/71  19 and 19	IN CERTIFYING CA  (If In Boltimo	FINDINGS CONSIDERED LUSES OF DEATH?
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19A. DATE OF C	above cause (A) CONDITION last.  II CANT CONDITIONS CO I BUT NOT RELATED TO T INDITION GIVEN IN PAR OPERATION 198. CON WAS PER I WAS UNDERLYING ING CAUSE OF medical examined (Month) (Day) (Year) hat (1) (this haspital last saw the decease fram the causes state	any, giving stating the stating the DNTRIBUTING THE TERMINAL RT 1 (A).  ADITION FOR VIFORMED  (Hourl 21E, Whith World Wo	WHICH OPERATION  PLACE OF INJURY (e.g., in e., form, foctory, street, off the property of the	Cong. File  20A. AUTO SYZ (Yes or loce bidg., INJURY OCCUR?  21F. HOW DID IN  13/71  19 and 19  ew the bady after death	IN CERTIFYING CA  (If In Boltimo	FINDINGS CONSIDERED LUSES OF DEATH?  THE City, give exact location)  5/71 19  Inlan death accurred on the dat  23B. DATE SIGNED
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19A. DATE OF CONTRIBUT OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) I and haur and 23A. SIGNATUR  23C. Physician NAME (Typ.)	above cause (A) CONDITION last.  II CANT CONDITIONS CO I BUT NOT RELATED TO T INDITION GIVEN IN PAR OPERATION 198. CON WAS PER I WAS UNDERLYING (ING CAUSE OF medical examine)  (Month! (Doy) (Year)  that (I) (this haspital ast saw the decease fram the causes state  FS OPERATION TO THE CONTROL OF THE CONTRO	ONTRIBUTING SIGNING THE TERMINAL RT 1 (A).  VICTORMED  (Hourl 21E, Whi Wor  I) ottended the dalive an  ted obave. (I)	WHICH OPERATION  PLACE OF INJURY (e.g., inc., form, foctory, street, off the property of the p	20A. AUTO-SYZ (Yes or lee bidg., INJURY OCCUR?  21F. HOW DID IN  13/71  19  and to the bady after death  ding  Med. Director    3D. ADDRESS  2600 Liberty	IN CERTIFYING CA  (If In Boltimo  AJURY OCCUR?  19ta1/I.  That In (my) (aur) apl  Stoff E  Phys. E  Heights, Ave.	FINDINGS CONSIDERED AUSES OF DEATH?  TO City, give exact location)  5/71  Inlan death accurred on the date
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO. 19A. DATE OF CONTRIBUT OR CONTRIBUT OF INJURY (APPROX.)  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) I and haur and 23A. SIGNATUR 23C. PHYSICIAN NAME (Typ.)	above cause (A) CONDITION last.  II CANT CONDITIONS CO I BUT NOT RELATED TO T INDITION GIVEN IN PAR OPERATION 198. CON WAS PER T WAS UNDERLYING TING CAUSE OF medical examined  (Month! (Doy) (Year)  that (I) (this haspital ast saw the decease fram the causes state  From the causes state  ATION, 1248. DATE	any, giving stating the stating the DNTRIBUTING THE TERMINAL RT 1 (A).  ADITION FOR VIFORMED  (Hourl 21E, Whith World Wo	WHICH OPERATION  PLACE OF INJURY (e.g., in e., form, foctory, street, off the property of the	20A. AUTO-SYZ (Yes or lee bidg., INJURY OCCUR?  21F. HOW DID IN  13/71  19  and to the bady after death  ding  Med. Director    3D. ADDRESS  2600 Liberty	IN CERTIFYING CA  (If In Boltimo  IJURY OCCUR?  19ta_1/1  that In (my) (aur) apl  Shoff E  Phys. E  Heights, Ave.	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  5/71 19 Inlan death accurred on the date 23B. DATE SIGNED  Jan. 18, 1971
OTHER SIGNIFIC TO THE DEATH DISEASE OR COLLING CONTRIBUTED TO THE DEATH OF COLLING CONTRIBUTED TO THE CONTRI	above cause (A) CONDITION last.  II CANT CONDITIONS CO I BUT NOT RELATED TO T INDITION GIVEN IN PAR OPERATION 198. CON WAS PER T WAS UNDERLYING TING CAUSE OF medical examined  (Month! (Doy) (Year)  hat (I) (this haspital ast saw the decease fram the causes state  FS  OPERATION, 248. DATE ecily)  1-20-1	ONTRIBUTING Stating the ONTRIBUTING THE TERMINAL RT 1 (A). NOTITION FOR V OFFORMED  218. hem elc. (Hourl 21E Whi Wor  1) ottended the ed all ve an ted obave. (I)  24C. NA  971 Sh:	WHICH OPERATION  PLACE OF INJURY (e.g., in e., form, fociory, street, off off off off off off off off off of	Congedia  20A. AUTO SYZ (Yes or lee bidg., INJURY OCCUR?  21F. HOW DID IN  13/71  19 and the way after death ding Director Direct	IN CERTIFYING CA  (If In Boltimo  IJURY OCCUR?  19ta_1/1  that In (my) (aur) apl  Shoff E  Phys. E  Heights, Ave.	FINDINGS CONSIDERED AUSES OF DEATH?  TO City, give exact location)  5/71 19 Inlan death accurred on the dat  238. DATE SIGNED  Jan. 18, 1971  Baltimore, Md
OTHER SIGNIFIC TO THE DEATH DISEASE OR COLUMN TO THE DEATH DISEASE OR COLUMN TO THE DEATH (noify or CONTRIBUT (APPROX.)  21 Certify that (I) (we) I and haur and 23A. SIGNATUR 23C. PHYSICIAN NAME (Typ.)  (A. BURIAL CREM REMOVAL (Sp.)	above cause (A) CONDITION last.  II CANT CONDITIONS CO I BUT NOT RELATED TO T INDITION GIVEN IN PAR OPERATION 198. CON WAS PER T WAS UNDERLYING TING CAUSE OF medical examined  (Month! (Doy) (Year)  hat (I) (this haspital ast saw the decease fram the causes state  FS  OPERATION, 248. DATE ecily)  1-20-1	ONTRIBUTING Stating the ONTRIBUTING THE TERMINAL RT 1 (A). VICTORMED  21E. Whi Wor  1) ottended the dalive an atted obave. (I)  24C. NA  971 Sh:	WHICH OPERATION  PLACE OF INJURY (e.g., in e., form, fociory, street, off off off off off off off off off of	20A. AUTO SYZ (Yes or love bldg., INJURY OCCUR?  21F. HOW DID IN  13/71  19 and to low the bady after death  ding Med. Director  3D. ADDRESS  2600 Liberty  ATORY  25C. FUNERAL DIRECTO	IN CERTIFYING CA  (If In Boltimo  PURY OCCUR?  19ta1/1  that In(my) (aur) apl  Shoff E  Phys. E  Heights, Ave. LOCATION (Ci Reedville	FINDINGS CONSIDERED AUSES OF DEATH?  THE City, give exact location)  5/71 19  Inlan death accurred on the dat  238. DATE SIGNED  Jan. 18, 1971  Baltimore, Md  Bity, town, or countyl (Stotel

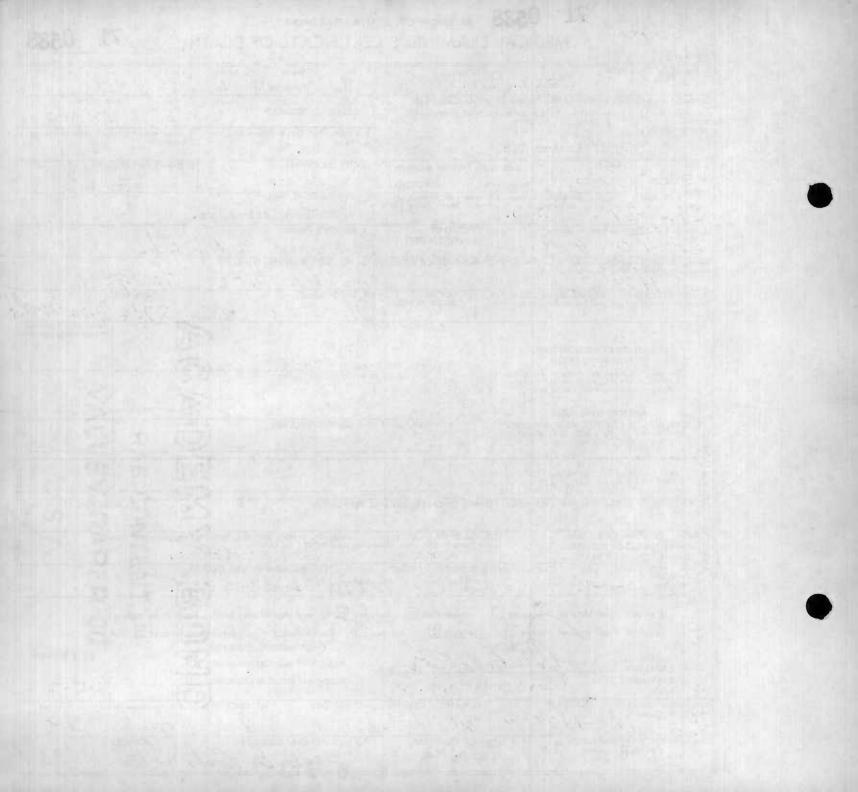
Reservation Experience Sentential Contract Contract Reference Relate Congrate Reference Congrate Congr

De Cty Curell Mp.

VS 150-REV. 1/1/68



71 0538 BALTIMORE CITY HE	ALTH DEPARTMENT
D-340 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71 0538
BIRTH NO. 17	ALO. IVO.
1. NAME OF DECEASED (Type or Print) DONNA L. DANIEL	2. DATE Known   Month Doy Year Hour OF DEATH Estimoted   / / / 7 / M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 1 16 1971 4:17 P M.
4509 Fairview Ave.	S. USUAL RESIDENCE (Where deceased lived. # Institution: residence before admission)  A. STATE  Md.
6. SEX 7. RACE 8. MARRIED NEVER MARRIED 1	C. CITY OR TOWN  D. INSIDE CITY LIMITS?
WIDOWED DIVORCED	Balto. YES NO D
8/2/69 lost birthday) mo. Months, Doys, Hours, Min.	4509 Fairview Ave.
11. BIRTHPLACE(Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME  RUMM DANIEL
14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRI done during most of yorking life, even if retlied)	Y 15. MOTHER'S MAIDEN NAME LULA MAF HODGE
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	Horence Wilkinger 2706 Montebello
19. GAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO, OR	AS A CONSEQUENCE OF:
heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	AND A CONTRACTIVE OF
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W.	AS PERFORMED 21. AUTOPSY? (Yes or No)
	yes
U HADEDIVING MOD CONTRIB Shome, form, foctory, street, office	in or obout 22C. WHERE DID (II in Boltimore City, give exoct location)
☐ UTING ☐ CAUSE OF DEATH. home	4509 Fairview Ave.
OF INJURY	WHILE TO December 1 to be to be
23.	
	tapsy 🔀 ond that on this basis, death in my opinion
resulted from: Natural cousesAccident K Suicid	de
ACTUAL Attributed of the	ASSISTANT MEDICAL EVAMINED T
SIGNATURE EXAMINER'S NAME (Type) Isidore Mihalakis, M.D.	ASSOCIATE MEDICAL EXAMINER   1-17-71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	
KIND OF THE SALVERS	or CREMATORY 24D. LOCATION (City, town, or county) (Stolet)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	or CREMATORY  24D. LOCATION (City, town, or county) (Stote)  25C. FUNERAL DIRECTOR  ADDRESS



24C. NAME of CEMETERY or CREMATORY

25B. NAME OF REGISTRAR

24D, LOCATION

25C. FUNERAL DIRECTOR

(City, town, or county)

(Stote)

24A. BURIAL CREMATION.

Ectosofe / Esperal /19 25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68 1011

REMOVAL (Specky)

24B, DATE

Letter from M.E. office M.H.

VS 150-REV, 1/1/68

accident 0 written approval 8 prior O.A. deceased shows Was

Phys. 23C. PHYSICIAN'S NAME (Typel 23D. ADDRESS HORACIA GUZMAN AGNES HOSPITAL ST. DEGREE S 1 . 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specifyl 1-20-1971 Buria1 St. Paul Lutheran Cemetery 25A. DATE REC'D BY HEALTH DEPL 258 NAME OF REGISTRIAR VS 150-REV. 1/1/68

21229 BALTIMORE, MARYLAND (City, town, ar caunty) Shenandoah Co., Jerome, Virginia

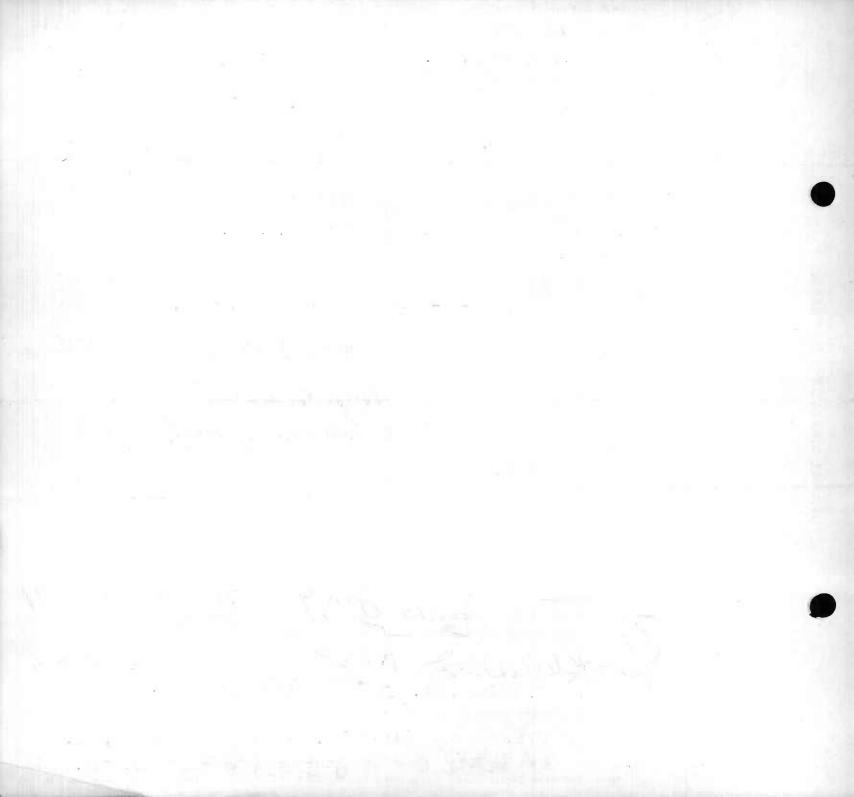
25C. FUNERAL DIRECTOR Howard Hubbard , 4107 Wilkens Ave. 21229

24D. LOCATION

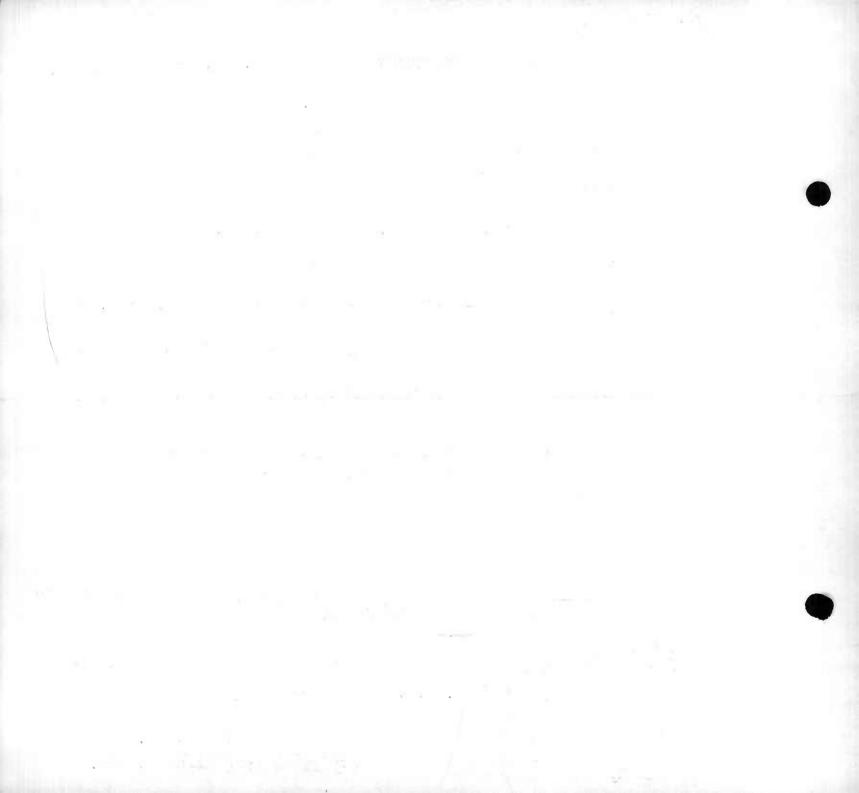
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VS 150-REV. 1/1/6B

5-50C	71	0542 CERTIFICA	TE OF DEATH REG. NO	71 0542
T.NAME OF DECEA		Y SIMA, SR.	2. DATE AND HOUR OF DEA	7 a. N
3. PLACE IN BALTIA	AORE, MARYLAND, WHE	RE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived.	
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET ON)	Md. 21206  c. CITY OR TOWN  Baltimore	INSIDE CITY LIMITS?  YES X NO \( \bigcap \)
00 530	3 Eastbury	Ave.	E. STREET AND NUMBER 5303 Eastbury Avenu	
5. SEX 6.		MARRIED X NEVER MARRIED MIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lost birthday) 8/11/87 83	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of wo	ATION (Give kind of work 10 rking life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Book Bind		Style Craft	Baltimore, Md.	
3. PATHER 3 NAME	Emil Sima		Mary Ruzicka	
5. Was Deceased Eves, no or unknown) (1	rer in U. S. Armed Forces f yes, give wor or dotes of	of service) SECURITY NO.	17. INFORMANT	ADDRESS
18.		216-07-4963 CAUSE OF DEAT	Anna Eff Sima, wife	, a DOVE
DISEASES OR	ishenio, etc. II means the ication which caused destructed the ITECEDENT CAUSES  CONDITIONS, if any abave cause (A) statement of the ITECEDENT condition lost.	(B)	Lypertension a consequence of: casclerotis Senualise	7.
TO THE DEATH	ANT CONDITIONS CONTI BUT NOT RELATED TO THE NOTION GIVEN IN PART IPPERATION 198. CONDI WAS PERFOI	TERMINAL (A). FION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, W. IN CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT	WAS UNDERLYING NG CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (If in Bolt fice bldg., INJURY OCCUR?	timore City, give exoct location)
9		Hour) 21E. INJURY OCCURRED  While At Not While At Work	21F. HOW DID INJURY OCCUR?	0
that (1) (***)-10	st sow the deceosed	ottended the deceased from olive on obove. (1) (did) (did out) v	iew the body after death.	opinian death occurred on the date 238 DATE SIGNED
23C. PHYSICIAN NAME Typ	200120 1 .	Klimes, MD.	4814 B owleys	
Burial  Burial  25A. DATE REC'D B	1/16/7 Y HEALTH DEPT. 25	B. NAME OF REGISTRAR		(City, town, or county) (Stote)  1timore, Md.  ADDRESS
新的30 B	M Robert E 4	and and the state of the state	Schimunek Funeral	Home, Inc.

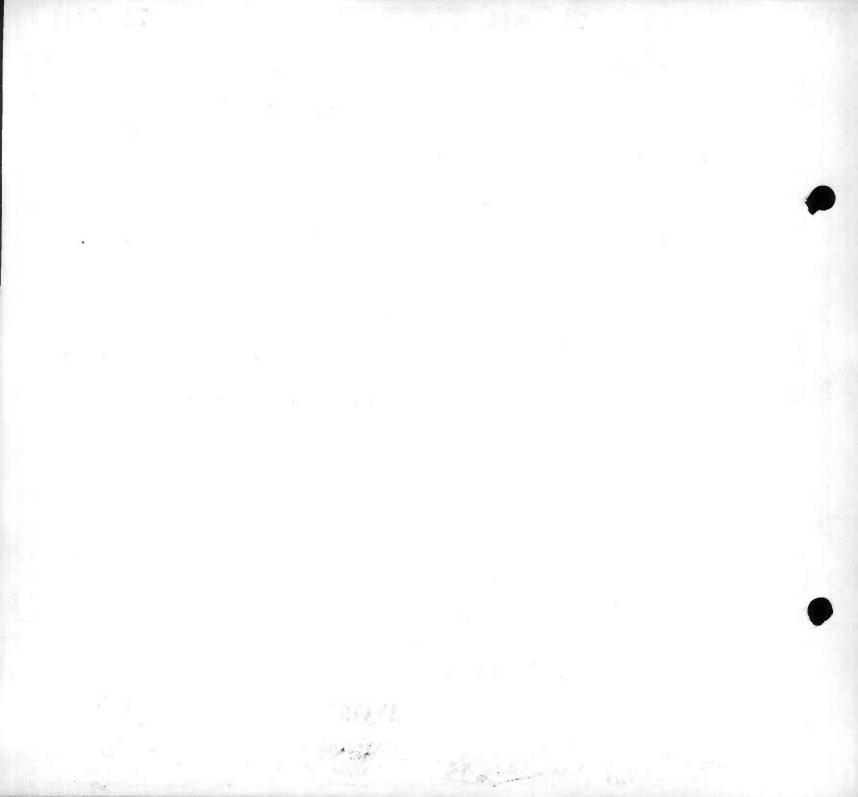


7 -			BALTIMORE CITY	HEALTH DEPARTMEN	T	
BIRTH NO.	5 71	0543	CERTIFICA	TE OF DEAT	H REG. NO	71 0543
1. NAME OF DECE					E AND HOUR OF DEATH	_
2 DI ACE IN BALL			RANK DEMBNY	J	an. 14, 197	1   4:45 P. ~
3. PLACE IN BALL	IMORE MARYLANO, W	HERE PRONO	UNCEO DEAO	A. STATE B. C	Where deceased lived. If in OUNTY	nstitution: residence before admission
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Md. 21	213	831
мопитпем				C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
0 2 22				Baltim	ore	YES NO
Goula	Nursing H	ome			arklawn Ave	mu o
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. OATE OF BIRTH	9. AGE (In yours	
male	white	WIDOWED	DIVORCED	8/22/92	1 78	If Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.
IOA, USUAL OCCU	PATION (Give kind of work orking life, even if retired)	10B. KINO OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slote or	foreign countryl	12. CITIZEN OF WHAT COUNTRY
Machinis		Natio	nal Can Co.	Baltimor	e. Md.	
13. FATHER'S NAM		110000		14. MOTHER'S MAIDEN		
	unknown			unknown		
15. Was Occoosed	Ever in U. S. Armed For (If yes, give wor or date	cos?	1 6. SOCIAL	17. INFORMANT		ADDRESS
spine of vilkingwill	yes, give wor or dote		SECURITY NO. 5-09-2033	Helen Kanr	alek Dombny	, wife, above
18	3 .71	41	CAUSE OF DEATH		arek Demony	APPROXIMATE INTERVAL
DISEASE	OR CONDITION DI	RECTLY		0	1	BETWEEN ONSET AND DEATH
i i	EADING TO DEATH		(A)IMMEDIATE CAU	se Cloute (	entral Thront	mi 4 dones.
(This does no	I meen the made of isthenia, etc. It means	dying, e.g.,	V-/	CONSEQUENCE OF:		
Injury or camp	licotion which caused	death.)	0 -	0		
A	NTECEDENT CAUSES		on hating	schooling Cores	Gormal Du	Share
DISEASES OF	CONDITIONS, if	ony, giving	DUE TO, OR AS	A CONSEQUENCE OF:		1
UNDERLYING	obove cause (A)	slaling the	(c)			
			Com V	Fil E filies	- //-/:	
OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING	De C	The filmblack	n Withste	
IN THE DEATH	BUT NOT RELATED TO THE NOTION GIVEN IN PART	[ [ (A).	frem Coul	we Mugulyon.	Deselt orden	
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A DATE OF C	PERATION 198 CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes o	( No) 208, IF YES, WERE IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
. OR CONTRIBUT	WAS UNCERLYING	21 B.	PLACE OF INJURY (e.g., in	or about 21 C. WHERE OI	Q (If In Boltimore	City, give exact location)
DEATH Inotify in 210. TIME (	nedical examined	elc.)	s lotting fociory, siledy on	ice sieg., INJURI OCCUI	Cr.	
OF INJURY	Month! (Ocy) (Year!	(Hour 21E.	INJURY OCCURRED	21F. HOW DIO	INJURY OCCUR?	
APPROX.)		Whil	Not While			, ,
22. I certify t	het (I) (t <del>his hespital</del> )			10/12	120 70 .	1/14/ 17/
	ast sow the decease			3/19.7/ 000	that in (my) (and) only	alan deoth occurred on the date
			( <del>Va) (Md)</del> (did nat) vi		the	Jooin occurred on the dole
23A. SIGNATUR	1		(, (, (	ow the bady differ dea	IIIe	238 OATE SIGNEO
1/1/6	5 1	Zelle.		ding Med.	Shaff	1/1/21
23C. PHYSICIAN		0	2	3D. ADDRESS	J Phys. L.J	1//6///
NAME (Typ	" Bradley,	Alber	t B. M.D.		Belair Road	
24A. BURIAL CREM REMOVAL (Sp.	ATION, 248. OATE	24C.NA	ME of CEMETERY OF CREA	AATORY 240	LOCATION (City	y, town, or county! (State)
Burial	1/18/7	1 Gar	dens of Fai	th	Baltimore,	Md.
25A. OATE REC'O B	LIFALTH OFFT.	25B. NAME O	REGISTRAR	25C. FUNERAL DIREC	Juneral Ho	
JAN 20	1071 26 8	The Bac	KO	3331 B	rehms Lane	me, Inc.
VS 150-REV. 1/1/68	141	Trade.	· APRIMENT			



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

11 (1	7 100 00	BALTIMORE CITY	HEALTH DEPARTMENT		71 0544
	3-620 71 054	14 CERTIFICA	TE OF DEATH	REG. NO	71 0544
1. N (Ty	De or Print BUNKS 1000	56.)	2. DATE AN	D HOUR OF DEATH	Q 9 10
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONOUNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. Il i	institution: residence belore odmission)
HC	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	A. STATE B. COUN  O. C. CITY-OR TOWN.	en AVE.	SIDE CITY LIMITS?
6	Union Memorial to	tospital	E. STREET AND NUMBER	.0	YES NO .
5. 5	F W WIDOW	WED DIVORCED	02/ 197	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	. USUAL OCCUPATION (Give kind of work 10 B, KIN e during most of working life, even if refired)	MOVE	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
15. (Yes	Was Deceased Ever in U. S. Armed Forces? (If yes, give wor or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION last.	ving (B) Juple 19, for AS	SE POSS - CONTINANT A CONSEQUENCE OF: WSMM ANTIMOTEC A CONSEQUENCE OF:	ny ocelus levotic heav	SETWEEN ONSET AND DEATH LUMMONY  A Magge
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL	120 A ALIZABERA (V. a. a. N.)	200 45 450	
CERTIFI	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (natify medical examine)	218. PLACE OF INJURY (e.g., in home, farm, factory, street, off elc.)	or obout 21 C. WHERE DID	(If In Bollimo	re City, give exoct location)
MEDI	21D-TIME (Month) (Doy) (Yeori (Hous) OF INJURY (APPROX.)	21E INJURY OCCURRED While At While At Work	215. HOW DID INJU	JRY OCCUR?	
	22. I certify that (1) (this hospital) attend that (1) (we) lost saw the deceased alive	on Jan. 12	19_7/\ond the		Mulary 12 19 //
	ond hour and from the corses stoted abov	1 .	nding [ ] Med. [ ]	Stoff Phys.	238, DATE SIGNED
	23C-PHYSICIAN'S NAME (Type)	- DEGREE	3D. ADDRESS	D OF MI	PVIAND
24A	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	IVED CITY ME	CATION (C	chool (Stote)
25A	JAN 20 1971 Public 258, WAL	ME OF REGISTRAN	25C. FUNERAL DIRECTOR		_ BCHD DRESS



	DALTIMORE CITT	Y HEALTH DEPARTMENT	114 O-15 4	
BIRTH NO. 977-000 \$ 0545	CERTIFICA	TE OF DEATH REG. NO.	71 U545 T	
1. NAME OF DECEASED (Type or Print) Baby GIR!	Crews	2. DATE AND HOUR OF DEATH	600 pm.	
FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE & COUNTY  C. CITY OR TOWN	stitution: residence below admission)  2552  DE CITY LIMMS?	
South Baltimore Gene	ral Hospital	EXSTREET ANDWILLIAMER	YES NO NO	
5- SEX   6- RACE   7- ALADROIS		a later	Hul Pa	
F N WIDOW		8. DATE OF BIRTH  9. AGE (In years last birthday)	Months Days Hours Min.	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1	
Joseph JR		Johnson W.	M	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war ar doles of service)	SECURITY NO.	17. INFORMANT  CHART	ADDRESS	
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
LEADING TO DEATH  (This does not mean the mode of dying, e. heart failure, asthenia, etc. it means the disease	G. (A) IMMEDIATE CAU	A CONSEQUENCE OF:	************	
Injury or complication which caused death.)  ANTECEDENT CAUSES	ie,	1991		
DISEASES OR CONDITIONS, if any, givin	(8)	A CONSEQUENCE OF:	***************************************	
rise to the above cause (A) stating it UNDERLYING CONDITION last.	he (C)	A CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 [A].  19A.DATE OF OPERATION 19E. CONDITION FOR WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING [7]	G L			
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
E		IN CERTIFYING CAL	INDINGS CONSIDERED ISES OF DEATH?	
OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined	IB. PLACE OF INJURY (e.g., in ome, form, foctory, street, off ic.)	n or about 21 C. WHERE DID (if In Rollimore	INDINGS CONSIDERED USES OF DEATH?  City, give exact location)	
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OR CONTRIBUTINO CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Dayl 1Year) 1Hour) 2 OF INJURY 1APPROX.1  22. I certify that (I) (this hospital) attended that (I) (we) last sow the deceased alive on	TR. PLACE OF INJURY (e.g., in ome, form, foctory, street, off ic.)  TE. INJURY OCCURRED  While At Not While At Work  I the deceosed from	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 7/ to		
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OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined)  21D.TIME (Month) (Doyl 1Year) 1Hour) OF INJURY 1APPROX.1  22. I certify that (I) (this hospital) attended that (I) (we) last sow the deceased olive on ond hour and from the causes stated obave.  23A. SIGNATURE  23C. PHYSICIAN'S NAME ITypel  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  DIS DOSCE  24C.	IR PLACE OF INJURY (e.g., in ome, form, foctory, street, off le.)  IE INJURY OCCURRED  While At Not While At Work  I the deceosed from  (1) (We) (did) (did not) vi  THE PLACE OF INJURY (e.g., in one)  Not While At Work  I the deceosed from  (1) (We) (did) (did not) vi  THE PLACE OF INJURY (e.g., in one)  At Work  I the December of CREATERY	19 7/ to 19 7/ to 19 7/ to 19 7/ to 19 7/ ond that in (my) (our) opin lew the bady after death.  Med. Director Phys. 123D. ADDRESS  S. B. G. H.  MATALLE CLUV IS ENECATED 11 (4)	23B. DATE SIGNED  (State)  (State)	
OR CONTRIBUTINO CAUSE OF DEATH (notify medical examined)  21D.TIME (Month) (Doyl 1Year) 1Hour) OF INJURY 1APPROX.1  22. I certify that (I) (this hospital) attended that (I) (we) Tast sow the deceased alive on and hour and from the causes stated obave.  23A. SIGNATURE  23C. PHYSICIAN'S NAME Type)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Dispose	TR. PLACE OF INJURY (e.g., in ome, form, foctory, street, office)  TE. INJURY OCCURRED  White At Not White At Work  I the deceosed from  (1) (We) (did) (did not) vi	21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  21F. HOW DID INJURY OCCUR?  19 7 to	23B, DATE SIGNED	

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FUNERAL DIRECTOR:

		Y HEALTH DEPARTMENT X 71 0548				
		TE OF DEATH REG. NO.				
	NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
	B. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceased lived. If institution; residence before edmission				
		A. STATE  B. COUNTY AA CO.				
- 6.	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	11/arysona 5201				
	NSITIOTION	C. CITY OR TOWN' D. INSIDE CITY LIMITS?				
P		E. STREET AND NUMBER				
ø	Luthering Haspital	Ille Eronklin Que.				
appu.	SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In yeers II Under 1 Yr. If Under 24 Hrs. Months; Doys; Hours; Min.				
10 11/	emple White WIDOWED DIVORCED	69-10-10				
11.5	OA. USUAL OCCUPATION (Give kind of werk 10B. KIND OF BUSINESS OR INDUSTRY ene during mest of working life, even if retired)	11. BIRTHPLA CE (State er loreign country) 12. CITIZEN OF WHAT COUNTRY?				
9	Housewite Home	Pai HEA				
200	FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
disposition	KichARdson	Macu ?				
D 0	Wes Deceosed Ever in U. S. Armed Ferces? 16. SOCIAL	17. INFORMANT, ADDRESS				
E	SECURITY NO.	Really of li				
1 10	18. 7 4 CAUSE OF DEATH	HECOS - LUThERAW HOSP,				
	DISEASE OR CONDITION DIRECTLY	RETWEEN ONSET AND DEATH				
Ē	LEADING TO DEATH	CEREBRO-VASCULAR I WK				
Deline	heart foilure, ostherio, etc. It means the disease	A CONSEQUENCE OF: A CCIDENT				
E	injury at camplication which caused death.	1 21/10/10 1 1 0 0 510 51				
0		RCINOMA LT. BREAST 1 YY.				
מ	rise to the above couse IA) statified the	A CONSEQUENCE OF:				
S	UNDERLYING CONDITION lost.	ACTURE Lt. Hip. (Post ap.) 18d.				
e main	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	1 + + 1 - 1				
5 II 5	DISEASE OF CONDITION GIVEN IN PART 1 (A)	astatic Lesion bones.				
re the	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes er Ne) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
TOTO	/ 1/11/71 WAS PERFORMED Fracture Hir	` •				
0   0	218. PLACE OF INJURY (e.g.) in	n or ebout 21 C. WHERE DID (II in Beltimore City, give exect lecetion)				
S S	DEATH thonly medical examined	116 Franklin Ave				
NED A	OF INJURI	21F. HOW DID INJURY OCCUR?				
3    1	(APPROX.) DEC 31 1970 While At   Not While At   Not While At Work	PELL AT HOME				
	22. I certify that (1) (this hospital) attended the deceased from	12/31 1970 10 1/18 197/				
9	that (I) (we) last sow the deceased alive an 1971 and that In(my) (our) opinion death occurred on the and hour and from the causes stated abave. (I) (We) (did) (did met) view the bady after death.					
E	23A. SIGNATURE	23B, DATE SIGNED				
	Jan Voluman M.D Atter	nding Med. Staff Phys. 20 1/18/7/				
3	23C.PHYSICIANS NAME (Type)	3D. ADDRESS				
24	SAMART VEOHONGSAND	hytheran Hospital				
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	MATORY 24D. LOCATION (City, lewn, or ceunty) [Stotel				
	Jurial 1-21-11 KIZER CEM	1				
25	A. DATE REC'D BY HEALTH DEPT 258-MAINE PRESCRIPTOR	25C, SUNERAL DIRECTOR				
	JAN & BI	1 Milly Liver 2120				

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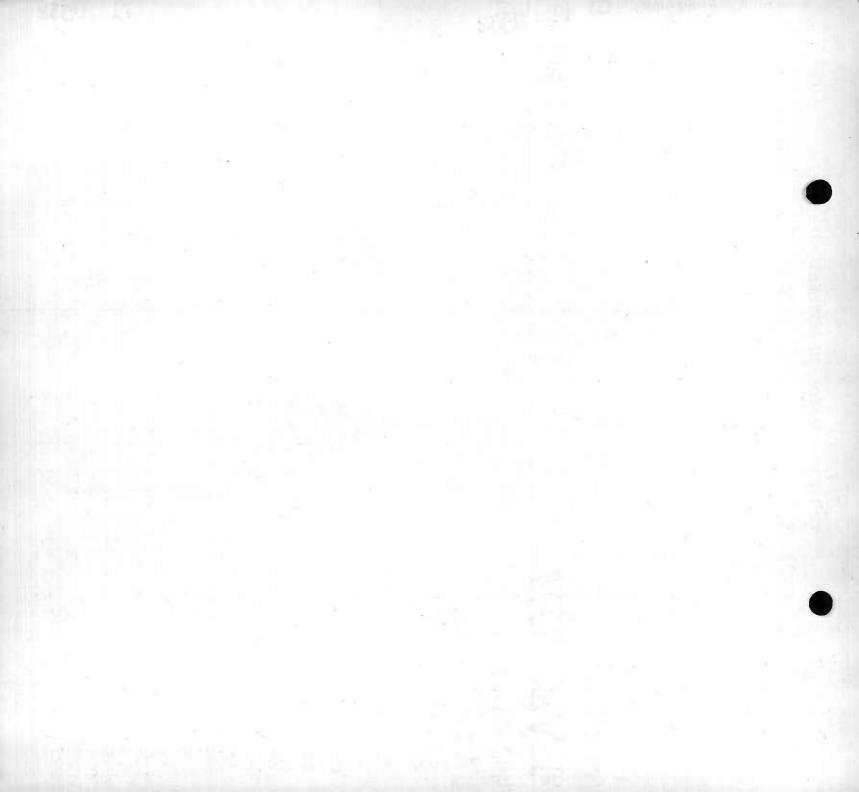
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Birat 120-71 Levela Park Persotery Bath, Mel

A-636 71 0551 BALTIMORE CITY H MEDICAL EXAMINER'S	EALTH DEPARTMENT CERTIFICATE OF 1	DEATH	1 0551
DIKITI 140.		REG. NO.	
I. NAME OF DECEASED (Type or Print) Shirley Arthur	2. DATE Known A	Month Day	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted   3. DATE	1 17	71 10:40a <sub>M</sub>
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD	Month Doy 1 7	Yeor Hour
OR INSTITUTION	5. USUAL RESIDENCE (Where of		71 10:40am.
4 Lutheran Hospital	A. STATE Md.	B. COUNTY Baltimore	27/7
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN	D. INSIDE CITY	LIMITS?
female   White   WIDOWED   DIVORCED   9. DATE OF BIRTH   10.AGE (In years   If Under 1 Yr. If Under 2 4 Hr.	Balto.	YES	⊠ NO □
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr, If Under 24 Hrs lost birthdoy) Months, Doys, Hours, Min	533	32 Maple Aver	nue 21215
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	13. FATHER'S NAME	X Hats XX X X X X X X X X X X X X X X X X X	3
Baltimore, Maryland WHAT COUNTRY?	Vernon	Arthur	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTI	15. MOTHER'S MAIDEN NAME		
Key punch Operator	Margaret	Collette	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ((If yes, give war or dotes of service) SECURITY NO.	18. INFORMANT		RESS
NO 214-38-663	9 Margaret Chire	- 5332 Maple	
CAUSE OF DE			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY With con	ecrotizing pancrea neralized peritoni		
(A)IMMEDIATE	CAUSE AS A CONSEQUENCE OF:	C.1.0	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W			
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED	2	I. AUTOPSY? (Yes or No)
			yes
	in or obout 22C. WHERE DID (il in bldg., elc.) INJURY OCCUR?	in Boltimore City, give exact I	ocatian)
22D. TIME (Month) (Day) (Yeor) (Haur) 22E, INJURY OCCURRED OF INJURY	22F. HOW DID INJU	RY OCCUR?	
	YORK		
	stopsy XX and that on this	basis, death in my op	Inton
		determined monner	The state of the s
	CHIEF MEDICAL EXA		
SIGNATURE Sulleville M.	ASSISTANT MEDICAL EXA		DATE SIGNED
EXAMINER'S Peter Lipkovic, M.D. NAME (Type)	ASSOCIATE MEDICAL EXA	Proton	1/18/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specily)	or CREMATORY 24D. LO	CATION (City, town, at	county) (State)
Burial 1-17-71 Druid Ridge	Cemetery Ba	ltimore, Mary	
25A. DATE REC'D BY HEANTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDI	
JAN 2 1971 Palage Extra Bental			600 Liberty Ht
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end can come in her manufactures and in the come military and the control of the cont IMPORTANT

DIRECTOR:



H-430 71 0:		TE OF DEATH REG. NO.	71 0553
1. NAME OF DECEASED TYPE OF PARTY MR.	ROBERT	2. DATE AND HOUR OF DEATH Somman, 19, 1971	2:35 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PA	ONO UN CED DEAD	4. USUAL RESIDENCE (Where deceased lived, If instit	ution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR II HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MARYLAND	CITY LIMITS?
34,	17	BALTIMORE Y	ES NO NO
BON SECOURS	NOSPITAL	122 S. GILMOR ST	CEET
MALE WHITE WIDO		Tet 11 1404 (a) 1100	f Under 1 Ye. Il Under 24 Hrs. Nonlhs Doys Hours Min.
to LUSUAL OCCUPATION (Give kind of work 10B. KINd done during most of working life, even if retired)  Retired helper Exp		11. BIRTHPLACE (Stote or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13- FATHER'S NAME	ress Co.	JOUTH CAROLINA	USA
William Holliday		5miTH	
15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (II yes, give war or dates of serv	icel 16. SOCIAL SECURITY NO.	17. INFORMANT Catherine F. Hollic	
18. / / 0. 1	CAUSE OF DEAT	7.00	22 S Gilmor St.
DISEASE OR CONDITION DIRECTLY		<u> </u>	BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A)IMMEDIATE CAU	SE Acut Respiratory failure.	10 days.
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the distiniury or complication which caused death.)	e.g., DUE TO, OR AS	CONSEQUENCE OF:	7
ANTECEDENT CAUSES	Chronic.	obstratine Pulmonary dimane	& yours.
DISEASES OR CONDITIONS, il ony, gi	(R)	A CONSEQUENCE OF:	1
rise to the above cause (A) siding UNDERLYING CONDITION last.	AL a	for Pulmonale	2 yeur.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG NAL		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION I WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID (If In Boltimore Circle bldg., INJURY OCCUR?	ity, give exoct location)
21D.TIME IMenth) (Doy) IYeor) IHour)  OF INJURY (APPROX.)	While At Not While	21F. HOW DID INJURY OCCUR?	
22. 1 certify that (1) (this hospital) attend	WOIK AT WOIK	_	od 19 - 21
that (I) (we) last saw the deceased alive		19 7/ and that in (my) (our) opinion	, , , , , , , , , , , , , , , , , , , ,
and hour and from the causes stated above		lew the hody after death	occurred on the date
22A SICALATIOS			B. DATE SIGNED
Chomsak Pruh	agang M.D. Atter	nding Med. Staff Phys.	January, 19, 1971
23C. PHYSICIAN'S NAME (Type) (HUMSAK PR	Q M DNOT AZX	3D. ADDRESS Bon Sicours Hayn de	C.
24A. BURIAL CREMATION, 24B. DATE 24	C.NAME of CEMETERY of CRE	MATORY 24D. LOCATION (City. 1	own, or county) (State)
Burial 1/22/71	Crestlawn	Marriottsville Baltimore, Mar	yland
25A. DATE REC'D BY HEALTH DEPT.  258, NA	See A D	25C. FUNERAL DIRECTOR Witzke Funeral Directors	
VS 150-REV. 1/1/68			



IMPORTANT

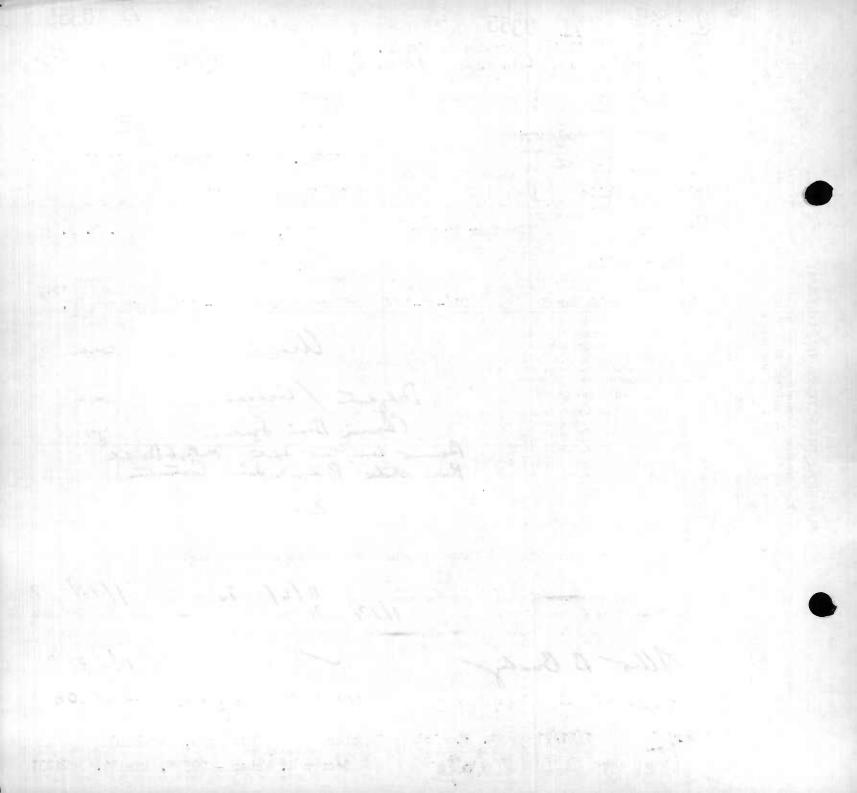
DIRECTOR:

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VS 150-REV. 1/1/68

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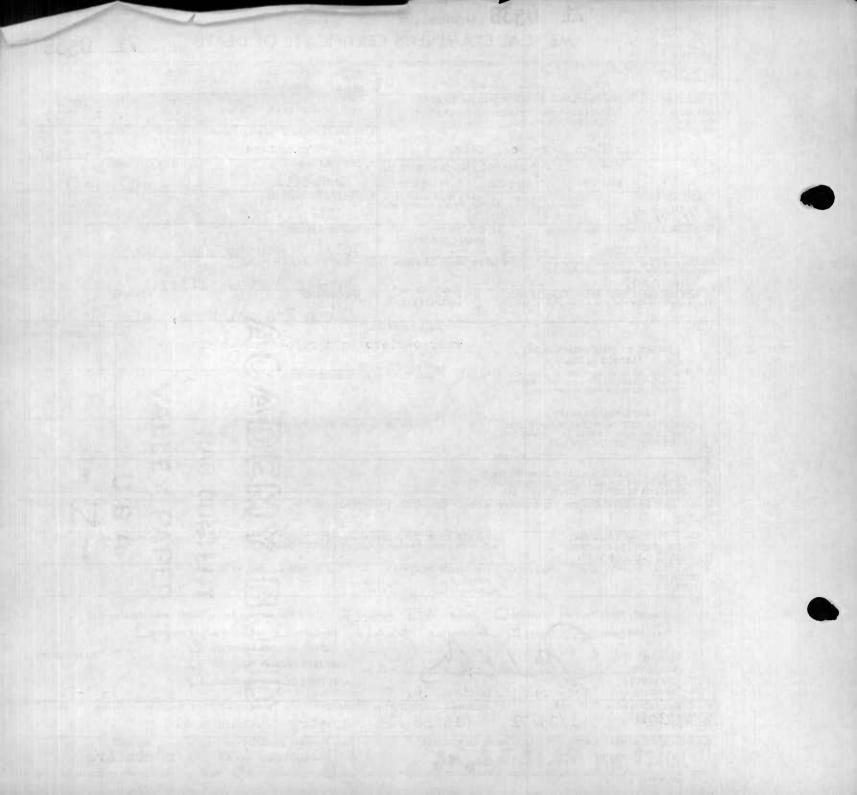
BALTIMORE CITY HEALTH DEPARTMENT 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? #21222 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH and that in(my) ( apinian death accurred an the date Weber - 705 S. Ann St.



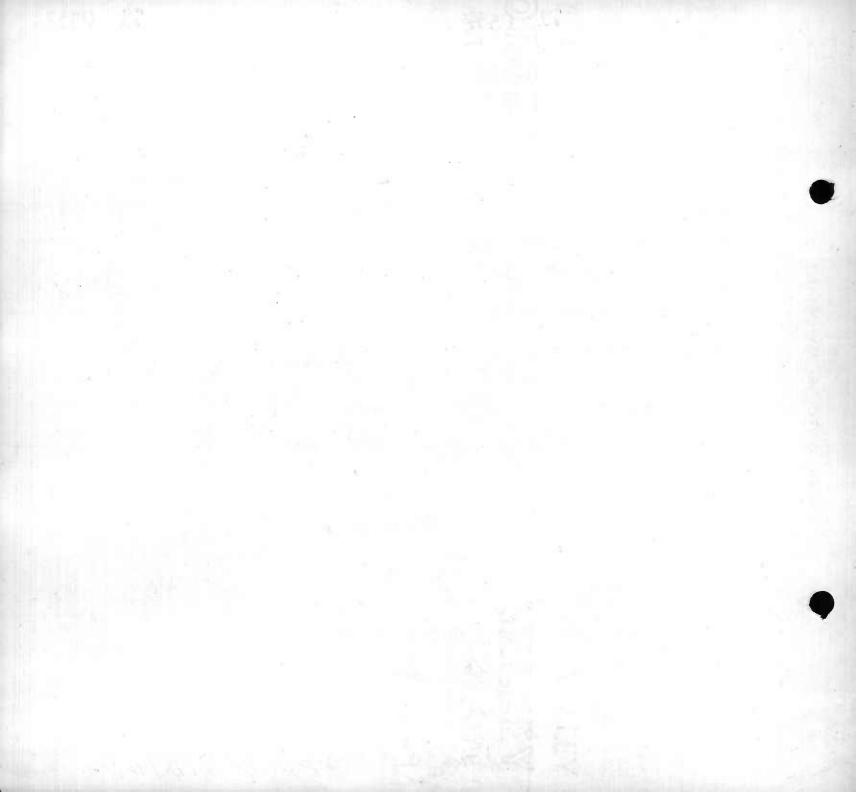
0556 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 71 0556 BIRTH NC.

1. NAME OF DECEASED (Type or Print) 2. DATE OF Known Yeor Hour WILLIAM BONNER Estimated [

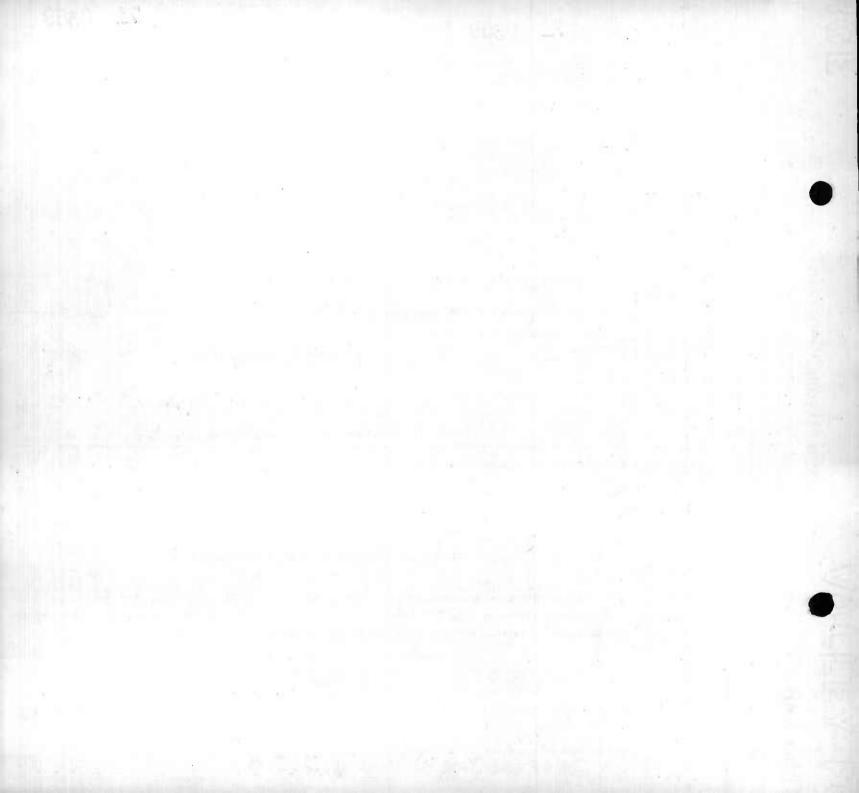
					DEATH					M.
FULL	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  JLL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET OSPITAL ADDRESS OR LOCATION)				3. DATE PRONOUNCED DEAD	Month 1	Doy 16	Year 1971	Hour 5:22	Рм.
	NSTITUTION	altimore Ci			5. USUAL RESIDENCE (WAA. STATE Tenness		ed. If institution: B. COUNTY	residence be	efore admissi	
6. S		7. RACE	-	RIED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE CI	TY LIMITS?	-	-
	male	negro	WIDOV		Nashville		VE	s 🗆 N	10 🗆	
9. D	ATE OF BIRTH	1 10.AGE	(In years	If Under I Yr. If Under 24 Hrs.	E. STREET AND NUMBER		,.	<u>, , , , , , , , , , , , , , , , , , , </u>		
(	9/26/2"	7 last birt	3	Months Days Hours Min.	1215 8th S	t.				
11. B	Alah	tate or loreign country	1)	12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME Collie Box	nner				
one	USUAL OCCUP during most of wi Unemplo	arking life, even if retire	ork i 4B. KINC	OF BUSINESS OR INDUSTR		AME	ailev			
6. Yes,	NAS DECEASE	D EVER IN U.S. ARA (II yes, give wor or do	MED FORCES	S? 17. SOCIAL SECURITY NO.	18. INFORMANT	P-1	ome.Ala	DRESS		
i	9.11 1 9	4		CAUSE OF DEA	The state of the s	erar m	MIC ALA	APP	ROXIMATE INTE	
		OR CONDITION D	RECTLY		rotic cardiovas	cular d	isease	BELWE	EN ONSET AND	DEATH
	(This does no	oi mean the made of asthenta, etc. It means plication which coused	dying, e.g., the disease,	(A)IMMEDIATE O	AUSE AS A CONSEQUENCE OF:					
	injury ar com	plication which coused	death.)							
		ITECEDENT CAUSES		(B)						
	RISE TO THE	R CONDITIONS, IF A	NY, GIVING	DUE TO, OR	AS A CONSEQUENCE OF:			400		
Z	UNDERLYIN	G CONDITION LÁS	Τ.	(c)						
CERTIFICATION	OTHER SIGNI	II IFICANT CONDITIONS TH BUT NOT RELATED	CONTRIBU	IING						H
=	DISEASE OR	CONDITION GIVEN IT	PART 1 (A)							
띖	WA. DAIE OF	OPERATION 208. C	NOITION	FOR WHICH OPERATION W	AS PERFORMED			21. AUTOP	SY? (Yes ar	No)
-11	2A. FXTERN	141 041105 1446		1000 Bl 4 00 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				ye	S	
의	UNDERLYING	NAL CAUSE WAS  ☐ OR CONTRIB- USE OF DEATH.		22B.PLACE OF INJURY(e.g., home, farm, factory, street, affic	bldg., etc.) INJURY OCCUR	O (If In Baltimor	e City, give exa	ct location)		
	22D. TIME (I OF INJURY (APPROX.)	Month) (Doy) (1	'ear) (Hou	WHILE AT NOT	WHILE	INJURY OCCU	IR?			
_ L	23.			m. WORK LI AIV	ORK L					
	I certi	fy that I held an	Inquiry [	Inspection Au	topsy 🛚 and that on	this basis,	death in my	opinion		
	resulte	ed from: Natural	duses X	Accident Suicid	e Homicide	Undetermin	ned monner	]		
		/	h	1 11.	CHIEF MEDICA	LEXAMINER			DATE SIGNE	
	SIGNATU	IRE	Marto	alela M.O	ASSISTANT MEDICA	L EXAMINER	X		PATE SIGNE	:0
	EXAMINE	R'S			ASSOCIATE MEDICA	LEXAMINER				
244	NAME (T)			alakis, M.D.	CREMATORY	10017011	100		7-71	
	BURIAL CREM		25/71	Little Ell		Athens	(City, town,	, or county)	(State)	,
25 A	DATE REC'D	BY HEALTH DEPT.	25B. N	IAME OF REGISTRAR	25C. FUNERAL DIREC			DDRESS		
	JAN 20	1971 Pas	B 2 4	aber RD	A Halstead	1 1206	W nor	th Av	е	
/S 1	51-REV. 1/1/68		1	, ,						



10	)	BALTIMORE CITY	HEALTH DEPARTMENT		Full Control
PIRT	)-652 11 U5	557 CERTIFICA	TE OF DEATH	REG. NO.	71 0587
1. N.	AME OF DECEASED GO Print) Jessie Barnes	/		D HOUR OF DEATH	1 3 Dm
3. P	LACE IN BANMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (What	e deceosed lived. If in	stitution: residence before admission)
FUL	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)		C. CITY OR TOWN		Stitution: residence before odmission)  DE CITY LIMITS?
IN 3	IIIUIION		Battomer		YES NO
1	Pleasant Manui	newing None	E. STREET AND NUMBER	Slerwon	dag.
5. S	A Mace 7. MARR WIDOV	VED NEVER MARRIED DIVORCED DIVORCED	11-3-97	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY
_/	Suring most of working life, even it retired)		ma	•	W.S.A.
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
15. V (Yes,	Vas Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	17 INFORMANT	22	ADDRESS, AL
/	no		James Bur	nes -/ 13	16.30
	1B. 2 5 1 1	CAUSE OF DEATH	0		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) IMMEDIATE CAT	wary Embot	in	
	(This does not mean the mode of dying, heart foilure, asthenia, etc. It means the dise	e.g., DUF 10. OR AS	CONSTQUENCE OF:		
	injury or complication which caused death.)	Co	When meel	001	
	ANTECEDENT CAUSES	(B)O Q	, , , , , , , , , , , , , , , , , , , ,	ions	
	DISEASES OR CONDITIONS, if ony, giverise to the obove couse (A) stoling UNDERLYING CONDITION lost.	9	pertensin Cl	1. ADEV.	0
	II	10			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE TERMIN				
X	DISEASE OR CONDITION GIVEN IN PART 1 (A).	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208 IF VEC WERE	INDINGS CONSIDERED
ERTIFIC	WAS PERFORMED	OR WHICH OFFRATION	No.	IN CERTIFYING CAL	USES OF DEATH?
0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID	(If in Boltimore	City, give exoct location}
ED	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
>	(APPROX.)	While At Work  Not While At Work		/	7 -
	22. I certify that (I) (this hospital) attende	ed the deceased from	Jany 11 1	97/ to /	ny 18 1971
	that (1) (we) lost sow the deceased alive	on Ja-	// 197   ond the	ot in (my) (out) opi	nion death occurred on the date
	and hour and from the couses stated above	e. (1) (We) (did) (did not) v	iew the body ofter death.		
	23A. SIGNATURE No. Promote No.	111 . 1/1 A Dhu	nding Med.	Staff Phys.	23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	DEGREE	23D. ADDRESS	2 111.1	DA
24A		C. NAME OF CEMETERY OF CRE	6 J 06 - 0	CATION (C)	ty, town, or county) (State)
2	Servel 1-23-71	Mt. Celusy	Cer C.	P. Q. C.	noty, md
25A	JAN 20 1971 Page & Jan	ME OF REGISTRAR	25C FUNERAL DIRECTOR	8.71/2	M. Carles
VS	150-REV, 1/1/6B				



1	BALTIMORE CITY	HEALTH DEPARTMENT	74 0050
525 71 056	59 CERTIFICA	TE OF DEATH	EG. NO. 71 0559
NAME OF DECEASED		2. DATE AND HOUR	OF DEATH
Type or Print Dewise John	(1002	1 - 18	5-71   11:36 AM.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PROP		4. USUAL RESIDENCE (Where decease	ed lived. If institution; residence before admission)
		A. STATE B. COUNTY	On M
FULL NAME OF (IF NOT IN HOSPITAL OR INS ADDRESS OR LOCATION)	THUTION, GIVE STREET	Md. Balt	mae 70%
HOSPITAL OR ADDRESS OR LOCATION)		C. CITY OR TOWN	D. INSIDE CITY LIMITS?
		Baltime	YES NO
Johns Hopkins Ito	son by l.	E. STREET AND NUMBER	
	4.11.20	1617 Abbots	ton St.
SEX 6. RACE 7. MADDIE	D NEVER MARRIED	8. DATE OF BIRTH 9. AGE (	
T. 0 50000	= =	8-10-53 lost birthe	day) Months Days Hours Min.
			NO CITIES NO CONTRACTOR OF THE
OA, USUAL OCCUPATION (Give kind of work 10B, KIND one during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRIHPLACE (State or toreign country	12. CITIZEN OF WHAT COUNTRY?
		MD.	
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
		. 1	./-
141vin Johnson		HEDY R. HOR	NE
Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
es, no or unknown) (If yes, give war ar dates of service	SECURITY NO.	ALVIN T. JOHNS	24 1/17 122
	641125 05 55		OH 161/ ABBOTTSTON
18.796.91	CAUSE OF DEAT	H	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY			
LEADING TO DEATH	(A)IMMEDIATE CAL	ISE LACTIC AndoSi.	s 12hns
(This does not meen the made of dying, e. heart failure, asthenia, etc. It means the disea	DUE TO, OR AS	A CONSEQUENCE OF:	
injury or camplicolian which coused death.)	56,		
ANTECEDENT CAUSES	1 10	1. 0 .	il. Island
	(B) Haule	A CONSEQUENCE OF	ush tis
DISEASES OR CONDITIONS, if any, givi	"9		
UNDERLYING CONDITION last.	(a) Il mun	the post Renal has	sohnt -
	(0)		
OTHER SIGNISICANT CONDITIONS CONTRIBUTING	C		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).			
DISEASE OR CONDITION GIVEN IN PART 1 (A).	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF	VEC. WEST PINDINGS CONSIDERED
WAS PERFORMED	A	IN CEI	YES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH?
	y haparolony fit	uo vs	
OP CONTRIBUTING CAUSE OF	20B. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If in Baltimore City, give exact location)
DEATH (notify medical examiner)	etc.) No	04	
21D-TIME (Month) (Doy) (Year) (Haur)	•	21F. HOW DID INJURY OC	C11P?
OF INJURY	While At   Wo While		CON:
	Wark At Work	. D	
22 I costify that (I) (this bassical) strands	d the deceased from	1-5 1971	10 1- 18 1971
22. I certify that (I) (this haspital) attende	1 (9)	<b>~</b> )	
that (I) (we) lost saw the deceosed olive o	n (-18	191\ond that in (m)	y) (our) opinion deoth occurred an the date
ond haur and from the causes stated above	. (I) (We) (did) (did not)	view the body ofter deoth.	
23A. SIGNATURE			23B, DATE SIGNED
a : : can 0 / 00	M.D. AH	ending Med. Staff	1-18-71
and the	DEGREE Phy	s. Director Phys.	1-10-11
23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	11-00-1-0
Westernia C = 120/22 Des	11. 50 M.D.	Zolms Hopkins	Hospilial.
A. BURIAL CREMATION. 24B. DATE 24C	NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)			
Burial 1/22/71/	7. AUBURN	CEM BALT	o MP
SA. DATE REC'D BY HEALTH DEPT. 258. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
1081 20 1071 20 at 200	SACA AD I	1 Min Compac	H G28E NORTH
THIN WA CALL DONNERS of Just		11/11/01/11/10	7-02/
/S 150-REV. 1/1/6B			



-	T-131	BALTIA	MORE CITY HEALTH DEPARTMENT	88671 0860
BIRT	HNO. 71	U360 CER	TIFICATE OF DEATH	REG. NO. 086/71 US6
	AME OF DECEASED		2. DATE AND HOU	R OF DEATH
	TROUTFELTER, T	homas	12 Jan 71	0200 A A
3. 71	LACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE B. COUNTY	sed lived, If institution; residence before admission
FUL! HOS INST	L NAME OF (IF NOT IN HOSPITATION ADDRESS OR LOCA	AL OR INSTITUTION, GIVE S	STREET Maryland C. CITY OR TOWN	D. INSIDE CITY LIMITS?
H	ARBOR VIEW NCC		Baltimore	YES NO
9	2)		E. STREET AND NUMBER 712 S. Port Stree	t
s. SE	6. RACE	7. MARRIED K NEVER MA	RRIED 8. DATE OF BIRTH 9. AGE	de como la della di Nicola della di
	M Cau	WIDOWED DIVE	DRCED 4-20-11	Months Doys Hours Min.
0A. I	USUAL OCCUPATION (Give kind of work	108 KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (State of foreign count	12. CITIZEN OF WHAT COUNTR
1	during most of working life, even if retired)  Night Watchman		Maryland	USA
3. F	ATHER'S NAME		14. MOTHER'S MAIDEN NAME	
1	Thomas Troutfelter		GNKNOWN	
S. W	as Deceased Ever in U.S. Armed Fare na or unknown) (If yes, give wor ar date:		17. INFORMANT	ADDRESS
1	a 7 6	21200	10 1	2 - 5-15- 2:00
Н	8. 4 4 4	Mone	OF DEATH	BUTFELIER /120.10RTC
	DISEASE OR CONDITION DIR			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH		Termus Ce -	Tulan.
C	This does not mean the made of	dying, e.g.,	IEDIATE CAUSE TO, OR AS A CONSEQUENCE OF:	
	heall failule, asthenia, etc. If means	the disease,	. 10, OR AS A CONSEQUENCE OF:	. 1
-   "	ANTECEDENT CAUSES	400111,7	Par CVA	2 whs.
		(B)	TO, OR AS A CONSEQUENCE OF:	
£i	DISEASES OR CONDITIONS, if a ise to the abave cause (A) UNDERLYING CONDITION last.	stating the (C)	Post Broweke	- Varenna e 200h
	- 11			2
	OTHER SIGNIFICANT CONDITIONS CON O THE DEATH BUT NOT RELATED TO TH	TRIBUTING	A.C. C.V.D.	4
< D	ISEASE OR CONDITION GIVEN IN PART	1 (A).		
ERTIFIC	9A-DATE OF OPERATION 19B CONE WAS PERFO	OTTION FOR WHICH OPERA	TION 20A. AUTOPSY? (Yes or No.) 20B. IF	YES, WERE FINDINGS CONSIDERED RTIFYING CAUSES OF DEATH?
DON NO	1A. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF EATH (notify medical examinet)	218. PLACE OF IN. hame, form, loctory etc.)	JURY (e.g., in or about 21 C. WHERE DID r, street, office bldg., INJURY OCCUR?	(If In Baltimore City, give exoct lacation)
21	1D. TIME (Manth) (Doy) (Year)	(Hour 21E INJURY OCC	URRED 21F. HOW DID INJURY OC	CUR?
٤ (	OF INJURY APPROX.)	While At	Not While	
		Work L	At Work	
1 .	2. I certify that (I) (this hospital)		/// -/	ta19
- 1	hat (I) (we) last saw the deceased		•	y) (aur) apinian death accurred an the date
		ed abave. (I) (We) (did) (	dld nat) view the bady after death.	
	3A. SIGNATURE	41		238, DATE SIGNED
- 1	medle s. l.	Sum	Aftending Med. Stoff Phys.	1/12/7/
			23D. ADDRESS	
23	3C. PHYSICIAN'S			0
23	NAME (Type)		11151.	CALVERT ST.
4A.	Dr. Mamaril BURIAL CREMATION, 24B. DATE	24C, NAME of CEMET	DEGREE ///J	
4A.	Dr. Mamaril	24G. NAME OF CEMET	DEGREE ///5 /	
4A.	Dr. Mamaril BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  DURIAL (1/15/7)	I GARDENS U	ERY OF CREMATORY 24D. IGCATION PAITHS (EM. BALT)	
4A.	Dr. Mamaril BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  DURIAL (1/15/7)	24G, NAME OF CEMET	DEGREE ///J	



B-65 BIRTH NO.	3 71	0561		TE OF DEATH	REG. No	71 0561
(Type or Print)	oseph J. Berna	dzikowsk	ki ( Barnes	) 2. DATE A	anuary 1971	1:15
FULL NAME OF HOSPITAL OR INSTITUTION	F (IF NOT IN HOSMI ADDRESS OR LOC	AL OR INSTITU ATION)	JNCED DEAD	4. USUAL RESIDENCE (What is a second of the	D. INS	nstitution: residence belore odmission)  IDE CITY LIMITS?  YES NO
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	Il Under 1 Yr. , If Under 24 Hrs.
male	Cauc.	WIDOWED	DIVORCED [	16 Mar. 1897	lost bishelay)	Months Doys Hours Min.
self em	ployed	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or lor Maryland	eign country)	12. CITIZEN OF WHAT COUNTRY
Frank B	ernadzikowski			Mary Rusin	ME	
(Yes, no or unknow	d Ever in U. S. Armed For		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
yes	W W 1		218 01 1973	Mrs. Lillian B	ernadzikowsk	same same
DISEASES rise to all UNDERLYIN  OTHER SIGNI TO THE DEA	not meon the made al , asthenio, etc. It means mplication which coused ANTECEDENT CAUSES OR CONDITIONS, if he obove cause (A) IG CONDITION last.  IFICANT CONDITIONS COLOR OF THE CONDITION S COLOR OF THE CONDITION OF THE CONDITI	the disease, death.) ony, giving stating the		A CONSEQUENCE OF:		
19A. DATE O	F OPERATION 198 CON WAS PERI	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING L UTING CAUSE OF y medicol exomined	218.1 home otc.)	PLACE OF INJURY (e.g., ir , form, foctory, street, oll	or obout 21C. WHERE DID	(If In Boltimore	e City, give exact location)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED  At Work	21F. HOW DID IN.	JURY OCCUR?	
that (1) (we	y that (1) (this haspital ) last saw the decease and from the causes stat	d alive an	Jan 15	7/		nlan death accurred an the date
23A. SIGNAT		4	() (aid har) V	iew the body after death.		23B, DATE SIGNED
Wat 23C. PHYSICI NAME (	ter n. Wel	ant	DEGREE Phys	Med. Director D	Stoff Phys.	Jan 19, 1971
1 3 MAPE	Walter R.	Welzant,	M. D.	422 Medical A	rts Bldg. Ba	alto.Md. 21201
24A. BURIAL CRE	EMATION, 248. DATE		ME of CEMETERY OF CRE			ly, town, or county) (State)
burial		1971 Ho	ly Rosary	В	altimore Ct.	Maryland
JAN 2	1971 Jases	25B. NAME OF	REGISTRAR	25C, FUNERAL DIRECTOR	l <sub>)</sub>	ADDRESS 2525 Fleet St. # 24
/S 150-REV, 1/1/	/68				<del></del>	

1040 pm

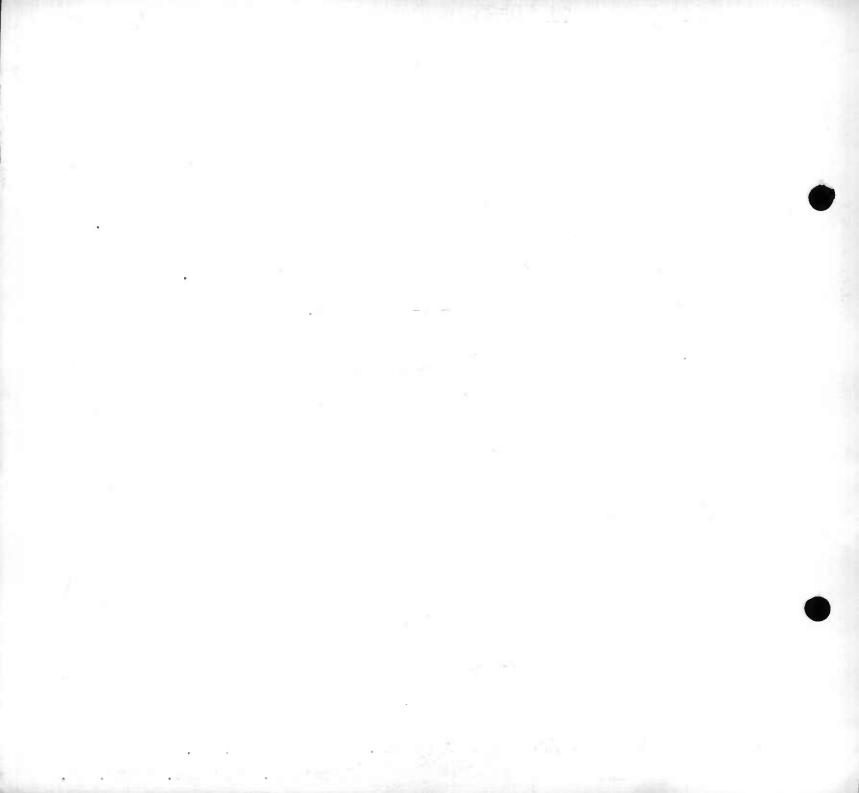
Att Control of the Co

VS 150 REV. 1/1/68



DIRECTOR:

FUNERAL



## BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL	EY A MINIED'S	CERTIFICATE	OF	DEATH
MEDICAL	EVAWIIJEK 2	CERTIFICATE	Or	DEATH

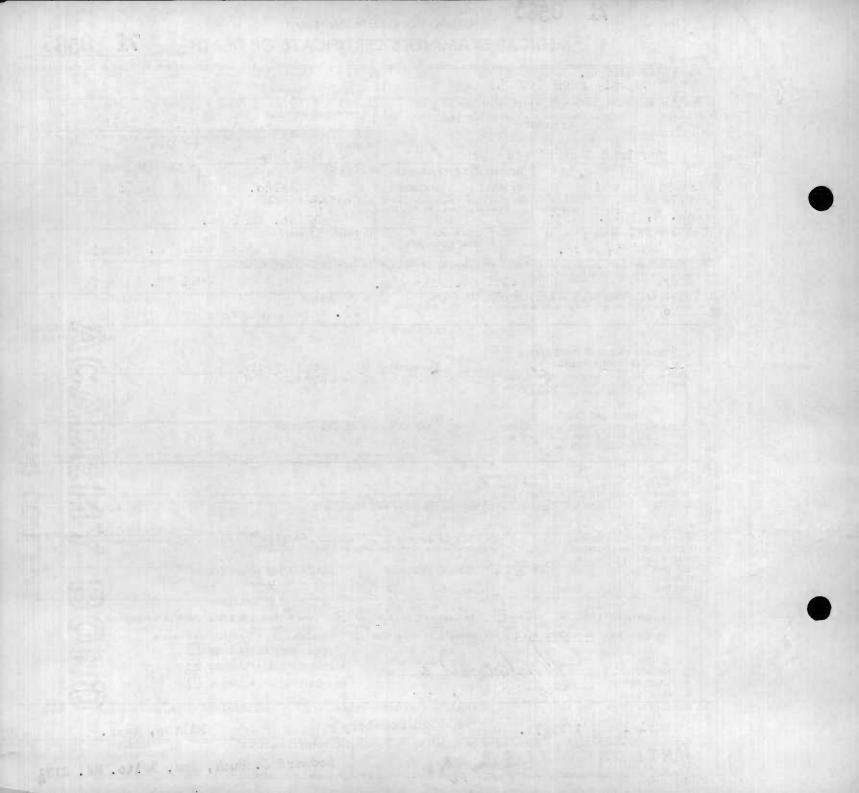
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	1T 0304
BIRTH NO.	REG. NO	
NAME OF DECEASED  (Vpe of Print)  Keith E. Taylor	2. DATE Known (A)X Month Day OF Estimated 1 17	71 7:40 p.
. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy	71 7:40 p. M.
ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 1 17	71 7:40 p.M.
Union Memorial Hospital	5. USUAL RESIDENCE (Where deceased lived. If institution A. STATE B., COUNTY Md.	n: residence before admission)
. SEX / / 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE C	ITY LIMITS?
male White WIDOWED DIVORCED		res No 🖾
DATE OF BIRTH   10.AGE (In years   If Under 1 Yr. If Under 24 Hr   10.AGE (In years   If Under 1 Yr. If Under 24 Hr   Months   Days   Haurs   Minches   Months   Days   Haurs   Months   Days   Haurs   Months   Months   Days   Haurs   Months   Months   Days   Months   Days   Haurs   Months   Days   Haurs   Months   Days   Months   Months   Days   Months   Months   Days   Months   Months		
I. BIRTHPLACE (State or fareign country) I2. CITIZEN OF	13. FATHER'S NAME	
Iowa WHAT COUNTRY?	Elmer Keith Taylor	
IA.USUAL OCCUPATION (Give kind al work 148. KIND OF BUSINESS OR INDUST ane during mast of warking life, even il retired)	TRY 15. MOTHER'S MAIDEN NAME	
Foreman Rubber Co.	Cynthia -	
5. WAS DECEASED EVER IN U.S. ARMED FORCES? es, na or unknawn)(If yes, give wor ar dates al service)  VES  WW2  211, 26 - 11		ADDRESS
yes   WWZ   214-26-44		Same APPROXIMATE INTERVAL
7 (81)		BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Arteriosclerotic cardiovascul	ar disease
(A)IMMEDIATI	E CAUSE OR AS A CONSEQUENCE OF:	
injury or camplication which caused deoth.)		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, O	DR AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.	Salar Constitution of the	
(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED	21. AUTOPSY? (Yes or Na)
		no
UNDERLYING LOR CONTRIB. Inome, larm, loctory, street, of	g., In or about 22C. WHERE DID (II in Boltimore City, give exifice bldg., etc.) INJURY OCCUR?	oct location)
UTING CAUSE OF DEATH.  22D. TIME (Manth) (Doy) (Yeor) (Haur) 22E, INJURY OCCURRED	D 22F. HOW DID INJURY OCCUR?	
(APPROX.) WHILE AT NO	or WHILE	
23.		
1 certify that I held an Inquiry Inspection XX A		
resulted from: Notural couses XX Accident Suic	cide Homicide Undetermined monner	
ACTUAL SIGNATURE SIGNATURE M	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S Peter Lipkovic, M.D. NAME (Type)	ASSOCIATE MEDICAL EXAMINER	1/18/71
4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER EMOVAL (Specify)	Y or CREMATORY 24D, LOCATION (City, lower	n, or county) (Stote)
Burial 1/22/71 Cedar Hil	Balto. Md.	
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		DDRESS
JAN 21 1971 Valed E. Februaro	Leonard F. Ruck Inc.	Balto. M.
15) PEV 3/2/49		

TOTAL S. Depute 

G	-62	071	050			BALTIMORE CITY HE			OF [	DEAT	н		71	056	35
BIRTH NO	o										REG.	. NO			
1. NAME (Type or P	of DECE	ased F genia	NEAN G	EORGE	<u> </u>		2. DATE OF DEATH	Known [		Month	Day	′	Year	Hour	
4. PLACE	IN BALTI	MORE, MA	RYLAND, W	HERE PE	RONO	UNCED DEAD	3. DATE			Manth	Day	/	Yeor	Haur	- (4)
FULL NAM HOSPITAL OR INSTITU		(IF NO	T IN HOSPITA	L OR INS	τιτυτις	N, GIVE STREET		JNCED DEAL		1	15	titution	1971	8:	
10							A. STATE			ececseo ii	B. COU		/	/	
17 1			eneral		-		C. CITY OR	Maryla	nd		ID INC	DE CI	Y LIMITS?	1-0	d
6. SEX		7. RACE			_	NEVER MARRIED	C, CITT OK				D. 11431				
fema		whit		WIDOV				Bal				YE	s 🗓	NO L	
9. DATE			10. AGE (In			der 1 Yr. If Under 24 Hrs. ns 1 Days 1 Haurs 1 Min.	E. STREETS	HIP NUMBE	ER						
Jan.	4, 1	919.	52				39	37 St.	Pau	1 St.					
11. BIRTH	PLACE (SI	ote or foreig	n country)			ITIZEN OF	13. FATHER	SNAME							
	Bost	on, Ma	ass.		N	HAT COUNTRY?			A.	Lexan	der	J.	Mc Inn:	is	
IAA.USUA	LOCCUP	ATION (Giv	e kind of work	4B. KINE	OF B	USINESS OR INDUSTR	15. MOTHE	R'S MAIDEN	NAME				4.0		
done du cing	rk	orking lite, ev	en if relired)	Socia	al S	Security Adm				Jı	ulia	H. :	McCart	thy	
16. WAS I	DECEASE	D EVER IN	U.S. ARMED	FORCES	5?	17. SOCIAL	18. INFORA	TANT			-		DRESS		
(Yes, no of	oknown)	If yes, give v	var ar dates	of service	)	SECURITY NO.	Mr. 1	Meredit	h Ge	orge			(SE	ime)	
19.4	pile 1	- Darri				CAUSE OF DEA	1				-		AF	PROXIMAT	E INTERVAL
DIS RIS	AN EEASES O	EADING TO t meon the asthento, etc oblication white TECEDENT R CONDITION	mode of dy . It means the ch caused dec  CAUSES  ONS, IF ANY USE (A) STAT	ing, e.g., disease, ith.)		(8)	AS A CONSEC								
0 TO	THE DEA	TH BUT NOT	RELATED TO	THE TERM	MNAL	<b>******</b>				****					
20A.	DATE OF	OPERATION	1 208. CON	IDITION	FORV	WHICH OPERATION W	AS PERFORM	IED	41				21. AUTO	PSY? (Y	es or No)
₹ 22A.	EVTERN	AL CAUSE	MAC		228 0	LACE OF INJURY(e.g.,	in an about 2	2C WHERE	DID (K	to Goltima	ra Cibe a	lue eve	yes		
DITU E	ERLYING	OR CON	TRIB-		hame,	farm, factory, street, affic	e bldg., eic.)	NJURY OCC	UR?	in bolling	ile City, g	IV G CAU	cracanon		
OF IN		Month) (C	Day) (Year	) (Hau			WHILE   2	2F. HOW DI	ULNI DI	IRY OCC	UR?				
23.		-1		-	_					74.7				12 10 11	
			eld on 1	_		Inspection Au		and that				_	-		
	resulte	ed from: N	laturo cau	50/5X	A	cident Svicio		micIde 🔲		ndetermi		nner L			
	ACTUAL SIGNATU	RE	4	mil	alla	10-2 M.C	ASSI	STANT MEDI						DATE S	IGNED
	EXAMINE		sidore	Miha	alak	cis, M.D.	ASSC	CIATE MEDI	CAL EX	AMINER			1-	16-7	1
_	NAME (Ty	F*/	24B. DATE			NAME of CEMETERY	or CREMATO	ORY I	24D. LC	CATION	I (C+	v. town	, or caunity		(Stale)
REMOVA	Buris	()_	1/19/	71.	-40	Milton Cem							Mass.		
25A. DAI	N 21	1971		25B. N	446	OF REGISTRAR		eonard			Tea		DDRESS		

VS 151-REV. 1/1/68

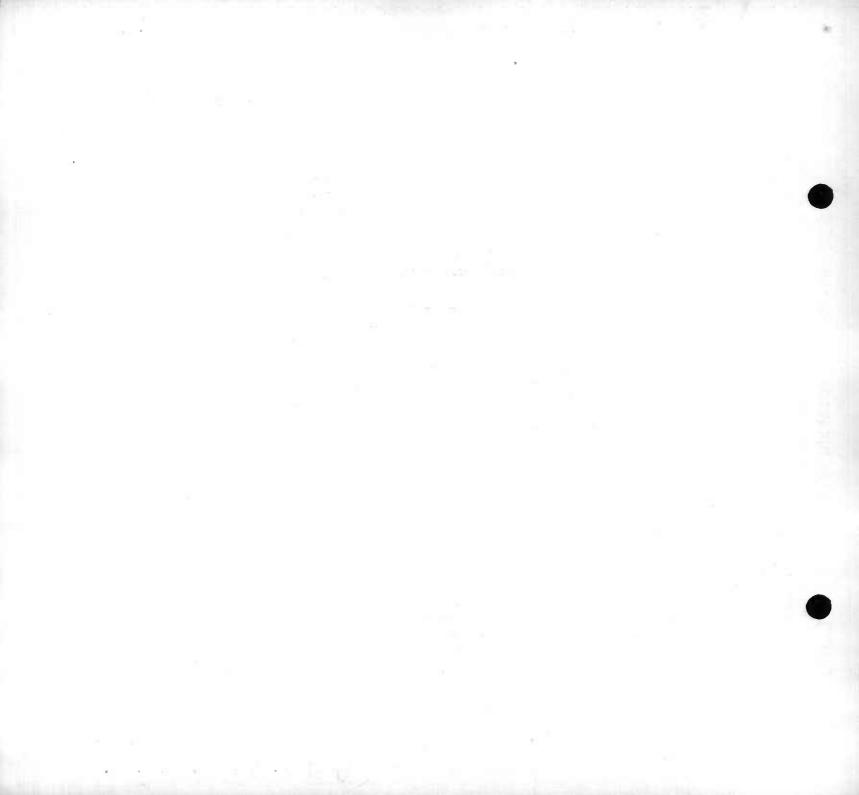
Leonard J. Ruck, Inc. Balto. Md. 2121



	B-236 71 OFOR BALTIMORE	CITY HEALTH DEPARTMENT
	IRTH NO. CERTIFIC	CATE OF DEATH REG. NO. 71 0566
	Type or Print)	2. DATE AND HOUR OF DEATH
3	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD	January 14. 1971 M. 1984 RESIDENCE (Where deceased lived, II institution: residence before admission)
	CHRIBICATH AMENDE	A. STATE B. COUNTY
H	OSPITAL OR ADDRESS OR LOCATION)  ADDRESS OR LOCATION)	Maryland & 6-3/
	2-1-71	Baltimore, p. inside City Limits?
(	4916-Marluth Ave.	E. STREET AND NUMBER
_	5916.	X 5916 Marluth Ave.
٥,	MARRIED NEVER MARRIED	
0	Male White WIDOWED DIVORCED DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	□ 4/2/85   85
y.v	one during most of working life, even if relired) Let. Salesman	
	FATHER'S NAME	Maryland U.S.A.
	William Baxter	14. MOTHER'S MAIDEN NAME Louisa Whittle
5		
Ye	Was Deceased Ever in U. S. Armed Forces?  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	* 12 10 04	
	DISEASE OR CONDITION DIRECTLY	EATH  APPROXIMATE INTERVAL  SETWIEN ONSEY AND DEATH
	LEADING TO DEATH	Selection of Selection of the selection
	(A)MMEDIATE heart failure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
	injury ar complication which caused death.)	
	ANTECEDENT CAUSES	
	DISEASES OR CONDITIONS, if any, giving ise to the above cause (A) stating the	R AS A CONSEQUENCE OF:
	UNDERLYING CONDITION last. (C)	
z		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
		20A-AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
_	OR CONTRIBUTING TO CAUSE OF INJURY IS	g <sub>y</sub> in or about 21 C. WHERE DID (If In Baltimare City, give exact lacotion)
2	DEATH (natify medical examined) etc.)	
227	I WASKI	21F. HOW DID INJURY OCCUR?
•	(APPROX.) While At Not Work At W	While Carlo
	22. I certify that (1) (this hospital) attended the deceased from	7/10 1962 to 1/14 197/
	that (1) (we) last saw the deceased alive an	19 7/ and that in(my) (our) apinian death accurred an the date
	and haur and from the causes stated above. (1) (We) (4id) (did no	t) view the bady after death.
	23A. SIGNATURE	238. DATE SIGNED
		Attending Med. Stoff Phys. Director Phys.
	23C-PHYSICIAN'S NAME (Type)	23 D. ADDRESS
041	Dr. L.B. Stevens	3500 Erdman Ave., Balto.Md.
	A. BURIAL CREMATION, 248. DATE 24C, NAME of CEMETERY of	
_	Burial 1/18/70 Finksburg Ce	
	AN 21 1971 Julie E. Jacker K. D. C.	25C. FUNERAL DIRECTOR ADDRESS
	150-REV. 1/1/68	Deobard J. Ruck Inc., Balto.Md. 2121

21214

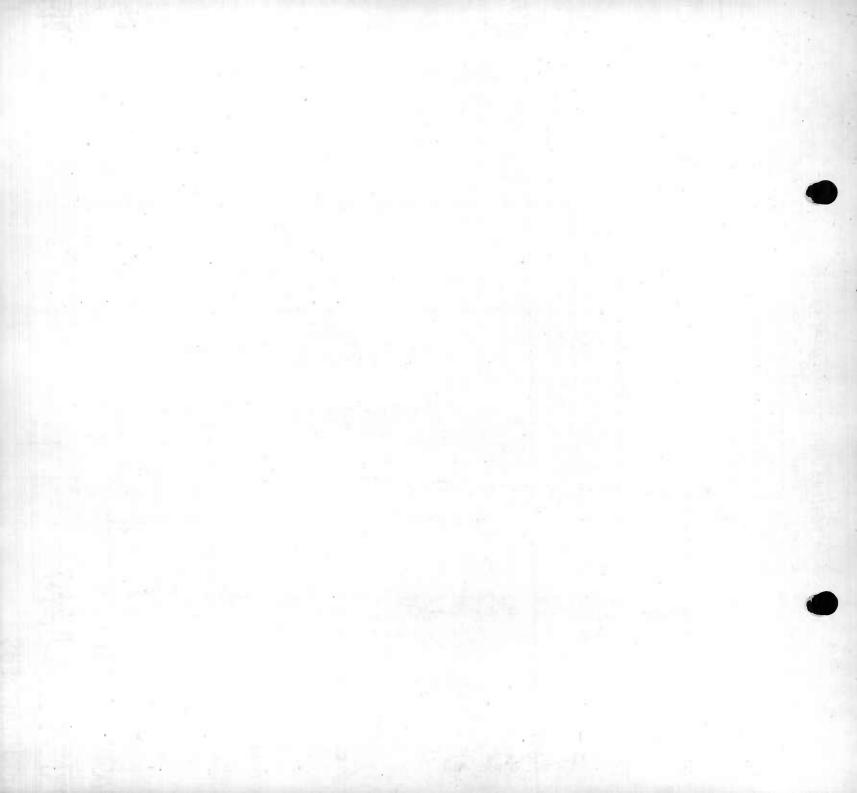
1 14/1		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	71	n	TE OF DEATH	REG. NO.	71 0567
I.NAME OF DECEAS	191		2 DATE AND	HOUR OF DEATH	
	IIIOULLIO	· HPPLEBY	JAN	16,71	11:55 PM.
3. PLACE IN BALTIM	ORE MARYLAND, WHEE	E PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. Il institu	ution: residence before admission
FULL NAME OF HOSPITAL OR NSTITUTION	ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	AN INSIDE	X 27-49 CITY LIMITS?
4.1	· Marmon	IAL HOSP.	BALTIMOR		S T NO T
TUVIOR		1112 1(03)	E. STREET AND NUMBER	RTH BOUK	
SEX 6. I	ACE 7.1	MARRIED NEVER MARRIED	8. DATE OF BARTH / 19.		Under 1 Yr. If Under 24 Hu
	C/TC W	IDOWED DIVORCED	1xxx3/03 03	67	onths Doys Hours Min.
A. USUAL OCCUPA one during most of work	TION (Give kind of work 10B	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign	country) [1	2. CITIZEN OF WHAT COUNTS
House			MARYLI	TNO	115A
FATHER'S NAME		Strasburg	14. MOTHER'S MAIDEN NAME		4211
CLAY	uk K.	STAND OF THE	MARL	ARET 1	FLLEN
Was Deceased Eve	in U. S. Armed Farese?	II 4 social	17. INFORMANT	77.	ADDRESS
75, 110 OF WIKNOWNI (II	yes, give wor or dotes of	SECURITY NO.	/	Ann	
118.	0.	215-22-2216 CAUSE OF DEATH	EDWARD	TPPLET:	/
451	R CONDITION DIRECT		Deceloneen	10/11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
LEA	DING TO DEATH	LY	o ruckey war	a our C	
(This does not n	neon the made of dyin	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		***************************************
heart failure, asth	enia, etc. II means the	disease.		0 0	
	ECEDENT CAUSES	7)	lucus de	ulch:	
		(B)	andang		
rise to the a	CONDITIONS, if any, bave cause (A) slot	ing the	A CONSEQUENCE OF:		
UNDERLYING CO	ONDITION last.	(C)	*******************		
	11			110	
DISEASE OR COND	IT CONDITIONS CONTRI IT NOT RELATED TO THE TE ITION GIVEN IN PART 1 (,	RMINAL		۸,۵	
19A. DATE OF OPE	RATION 198 CONDITION	ON FOR WHICH OPERATION ENLE	73 4 20A. AUTOPSY? (Yes or No) 2	OB. IF YES, WERE FIND	INGS CONSIDERED
18/11/10	18/201/4 SUBS	WRAL HEMATOMA HEM	CARHAGE YES	- JENNI HING CAUSES	OF DEATH!
OR CONTRIBUTION DEATH (notify med	CAUSE OF	21 & PLACE OF INJURY (e.g., in home, farm, foctory, street, aff	or obout 21 C. WHERE DID	(If In Boltimore Cit	y, give exect location)
DEATH (notify med	icol exomined 000	elcJ			
OF INJURY	nth) (Doyl (Year) (Ho		21 F. HOW DID INJUR	OCCUR?	
(APPROX.)		While At Work At Work			
22. I certify that	(1) Whis haspital) and	ended the deceased from	1/9/20 12		1/1/
	saw the deceased al		19 19	10	19
-			and that	(my) (aur) opinian	death accurred on the da
23A. SIGNATURE	m the causes stated a	bave. (1) (We did) did nat) vi	ew the bady after death.		
1/	1. 1/a dl 1.	m Asa IMA Atten	ding Med. Star		DATE SIGNED
23C.PHISICIAN'S	1 pecer	DEGREE Phys.	Director Phy		1//6/7/
NAME (Type)	55 L-WA	DEMAN WAD	UNION ME	MOKIA2 1	HAZO, TA.
A. BURIAL CREMATI	ON, 248, DATE	24C. NAME of CEMETERY OF CREA			1101711172
Burial	1/20/71.	Parkwood Cemeter			wn, or countyl (Stotel
A. DATE REC'D BY	700			Baltimor	
JAN 21	Marin 6 1 1 100	NAME OF REGISTRAR	Leonard J. Ruck	, Inc. Balto	ADDRESS  Md.
150-PEV 1/1/68					



f-240	71 (	)568		HEALTH DEPARTM		G. NO	71	0568
1. NAME OF DECE		0-	DEMU DIRECTI		ATE AND HOUR O			
3. PLACE IN BALTI	MORE MARYLAND, WHE		BETH RUSSELL		January 16			11:30 P M.
FULL NAME OF HOSMTAL OR INSTITUTION	(IF NOT IN HOSPITAL ADDRESS OR LOCATION	OR INSTITU		A. STATE Md.  C. CITY OR TOWN  Baltim	COUNTY		DE CITY LIM	1-58
00	1638 Waverly	Way		E. STREET AND NU		8 Wave	rly Wa	
Female	White	MARRIED	DIVORCED	S. DATE OF BIRTH June 1, 18	9. AGE (In lost birthdoy	yeors 78	II Under 1	Yr. If Under 24 Hrs. Poys Hours Min.
Housewi		, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	e or loreign countryl		12. CITIZE	n of what country? BA
13. FATHER'S NAME	Albert Ke	ys		14. MOTHER'S MAIL	PEN NAME		Ship	ley
15. Was Deceased E (Yes, no or unknown) (I	ver in U. S. Armed Forces If yes, give wor or dotes o	service)	16. SOCIAL SECURITY NO. 217-14-6660J1	Mr. Gerald	Russell		A	(Same)
DISEASES OR	shenio, etc. It means the icolian which caused de NTECEDENT CAUSES  CONDITIONS, it any above cause (A) ske	, giving	(B) Cossis	A CONSEQUENCE OF	rki CV	Deser	hd i	1+2/20
TO THE DEATH	ANT CONDITIONS CONTR BUT NOT RELATED TO THE T VIDITION GIVEN IN PART 1	ERMINAL		rneesee				10+2/2
E INALDATE OF O	PERATION 198 CONDITI	MED W	VHICH OPERATION	20A. AUTOPSY? (Ye	s of No. 208, IF YE	S, WERE FI	SES OF DE	ONSIDERED ATH?
OR CONTRIBUTION DEATH (notify m	WAS UNDERLYING NG CAUSE OF	21B, home etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, off	or obout 21 C. WHERE	DID (II I	n Boltimore	City, give e	exoct locotion)
OF INJURY	Monthl (Doy) (Year) (H	100	INJURY OCCURRED  Not While At Work		DID INJURY OCCUI	17		-
	at (I) (this hospital) at							accurred on the date
and have and f	ram the causes stated	abave. (I)	(We) (did) (did not) vi					
Fred	wick 11/a	Ulme	DEGREE Phys.		Shaff Phys.		23B, DATE :	18-71
23C. PHYSICIAN' NAME (Type	ERICIC J. V	0 66	16R M.D. DEGREE	6100 Yo	rek Rd	21.	2/2	
24A. BURIAL CREMA REMOVAL (Spe Burial	1/20/71.		ME of CEMETERY of CREATERY CONTROL	<i>b</i>	24D. LOCATION Baltimo		, town, or c	county) (Slote)
JAN 21 N			P REGISTRAN	25C. FUNERAL DI				ADDRESS



	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 71 0569	CERTIFICA	TE OF DEATH	REG. NO	71 0569
1. NAME OF DECEASED (Type or Print) Mary Alice T	readwell	2. DATE AND	HOUR OF DEATH	1;304m
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	deceosed lived. If i	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN HOSPITAL OR ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Md.	In this	12-02 SIDE CITY LIMITS?
INSTITUTION Home		Bultimore		YES TO NO T
Rnelidge Nursing Home 4703 Hamphett A Baitimore	ve . Hd 21214	E. STREET AND NUMBER	3311 Gui	Iford Ave.
	IED NEVER MARRIED	8. DATE OF SIRTH 9.	AGE (In years	If Under 1 Yr., If Under 24 Hrs.
WIDOW	/ED DIVORCED	May 27, 1872 10	98 4x	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired) HOUSEWITE	OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
nousewire		Marylan	d	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
Samuel T. De	enbow	THE RESERVE OF	Catheri	ne Streidhuff
5. Was Deceased Ever in U. S. Armed Farces? es, na or unknown) (If yes, give wor or dotes of servi-	1 6. SOCIAL	17. INFORMANT		ADDRESS
No	SECURITY NO.	Mrs. M. Willene	Mitchell	(Same)
18. 11. 12. 2	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAL	USE arteristerates &	but Diser	- 2-yrs.
(This does not mean the mode of dying, heart laiture, asthenio, etc. It means the dise		A CONSEQUENCE OF:		
injury or complication which caused death.)	J36,			
ANTECEDENT CAUSES	(a)			
DISEASES OR CONDITIONS, if ony, give	ing DUE TO, OR AS	A CONSEQUENCE OF:		
rise to the above couse (A) stoling	lhe			
UNDERLYING CONDITION Iosi.	(c)	•••••		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN				
▼ DISEASE OR CONDITION GIVEN IN PART 1 (A).  ■ 19 A. DATE OF OPERATION 198. CONDITION FI  ■ 198. CONDITION FI	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES. WERE	FINDINGS CONSIDERED
WAS PERFORMED	1		IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., hame, form, factory, street, a etc.)	ffice bldg., INJURY OCCUR?	(If in Baltimo	are City, give exact lacation)
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
OF INJURY (APPROX.)	While At Nat Whi			
	Work At Work		, 69 to Jan	many 18 1971
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive	^	P-1		pinian death accurred an the date
and haur and from the causes stated abave	e. (I) ( <del>We)</del> (did) ( <del>did not</del> )	view the bady after death.		
23A. SIGNATURE	1. 15	/		23B. DATE SIGNED
Colem	Dhy	ending Med. S	taff thys.	1/18/71
23C. PHYSICIAN'S	OE GREE ""	23D. ADDRESS		
NAME (Type)	Alocci	6217 Harford	Rd, Balt	o Md
Drewoll of				O . PIC.
Dr. Edward &	DEGKEE			
AA. BURIAL CREMATION, 248. DATE 240	.NAME of CEMETERY of CR Methodi	EMATORY 24D. LO	CATION	
Burial CREMATION, 248. DATE (Specify) 1/20/71.	NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION	City, tawn, or county) (Stole)

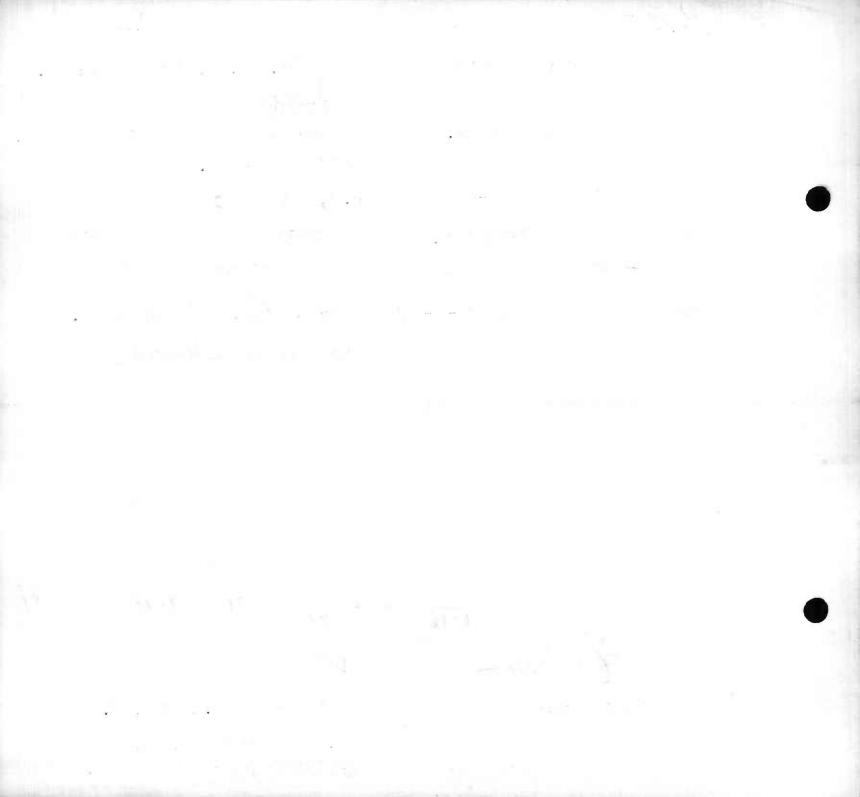


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

T-5/2 BIRTH NO.	71	0570		CATE OF DE		REG. NO	71	0370
1. NAME OF DECEA		LES I	. THOMPSON			ND HOUR OF DEATH	<b>,</b>	
3. PLACE IN BALTIA	ORE MARYLAND,			4. USUAL RESID	ENCE (Whe	6/71	institution to	sidence beloro odmission)
				A. STATE Md	B. COUN	NTY		delice belore oamission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	ATION)	STITUTION, GIVE STREET	C. CITY OR TOW		ID IN	SIDE CITY LIF	4-01
				11	imore	1	YES K	NO 🗌
00 1	207 Bolto	n Str	eet	E. STREET AND	NUMBER			
00						on Street		
	RÁCE	7. MARRI	ED NEVER MARRIED	<del>-</del>		9. AGE IIn years lost birthdoyl	If Under	1 Yr. If Under 24 Hrs. Days Hours Min.
M ISUAL OSCUPA	W	WIDOW		May 28,	1929	lil arme		- 47
done during most of world	king life, even if retired)	KIOR KIND	OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	Stote or lore	ign country)	12. CITIZ	EN OF WHAT COUNTRY
Sales Repr	esentative	Unit	ed Air Lines	W. V.	a.			U.S.
3. FATHER'S NAME				14. MOTHER'S M		ME		
Leslie	e Thompson			В	essie 1	Van Devande:	r	
5. Was Docased Every Ness no or unknown) (If	er in U. S. Armed For	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT			_	ADDRESS ans, W. Va.
Korean		rean	233-38-2432	John	n W m	hompaon 20°	T. ALDS	ans, W. Va. hington Ave.
18. 4. 10	91	- 0023	CAUSE OF DE	ATH				APPROXIMATE INTERVAL
DISEASE	OR CONDITION DI	RECTLY		AUSE AUSEQUENCE	- m	yourles	BE	ETWEEN ONSET AND DEATH
	ADING TO DEATH		(A)IMMEDIATE O	AUSE	rell	ton	R	nomedia
heari foilure, asi	meen the mode of henia, etc. It means alion which caused	the disens	DUE TO, OR	AS A CONSEQUENCE	OF:			<del></del>
AN	ECEDENT CAUSES				000	levorio		- un
DISEASES OR	CONDITIONS, if	ony, givi	ng DUE TO, OR	AS A CONSEQUENCE		*************		<u></u>
UNDERLYING C	bove couse (A)	sloting 1	and the second s	/				
	11		(C)	***************************************				
☐ IO THE DEATH B ✓ IDISEASE OR CONI	NT CONDITIONS CO UT NOT RELATED TO T DITION GIVEN IN PAR	HE TERMINA	1	weeter.				20 0000 100 0 1 1 1 1 1 1 1 1 1 1 1 1 1
19A. DATE OF OP	ERATION 198 CON WAS PER	DITION FO	R WHICH OPERATION	20A. AUTOPSY	Yos or No.	208 IF YES, WERE	FINDINGS OF DE	CONSIDERED EATH?
OR CONTRIBUTION	WAS UNDERLYING [ G CAUSE OF dicol examiner)	] 2 h	18. PLACE OF INJURY (e.g ome, form, foctory, street, tc.)	olfice bldg., INJURY	ERE DID OCCUR?	(if to Bollimor	ro City, give	exoct location)
21 D. TIME (M	onth) (Doy) (Year)	(Hour) 2	IE INJURY OCCURRED	21 F. HO	W DID INJ	URY OCCUR?		
IAPPROX.)			While AI Work At Wo					
22. I certify the	t (I) (this bospital		the deceased from 5	14/	5	/		(-)/
	t sow the decease			19.70		9to ot in(my) (our) opi	nion deoth	occurred on the dote
and hour and fre	om the causes stot	ed obove.	(I) (We) (did) (did not)	view the body oft	er deoth.			
23A SIGNATURE	& I	>					23B, DATE	SIGNED
Theles	mote	2-:-	GEGREE A	trending Med Med Dire	ctor 🔲	Staff Phys.	1//	17/71
23C. PHYSICIAN'S NAME (Type)	-			23D. ADDRESS			1///	
4A. BURIAL CREMAT		liam	F. Renner  GEGR  NAME of CEMETERY of C			. Paul St		
REMOVAL (Spec	ify)					CATION (Ci	ty, town, or	county) (State)
burial 5A. DATE REC'D.BY	HEALTH DEPT.	I C	edar Hill, Fra			Franklin	W.Va	
JAN 21 9	OTT VILLE	258. NAMA	OF REGISTRAR	25C. FUNERAL				ADDRESS
S 150-REV. 1/1/68	011 0.4000	100	and and	- Scoriimae	sk or une	ral Home, ]	inc., E	rehms Lane

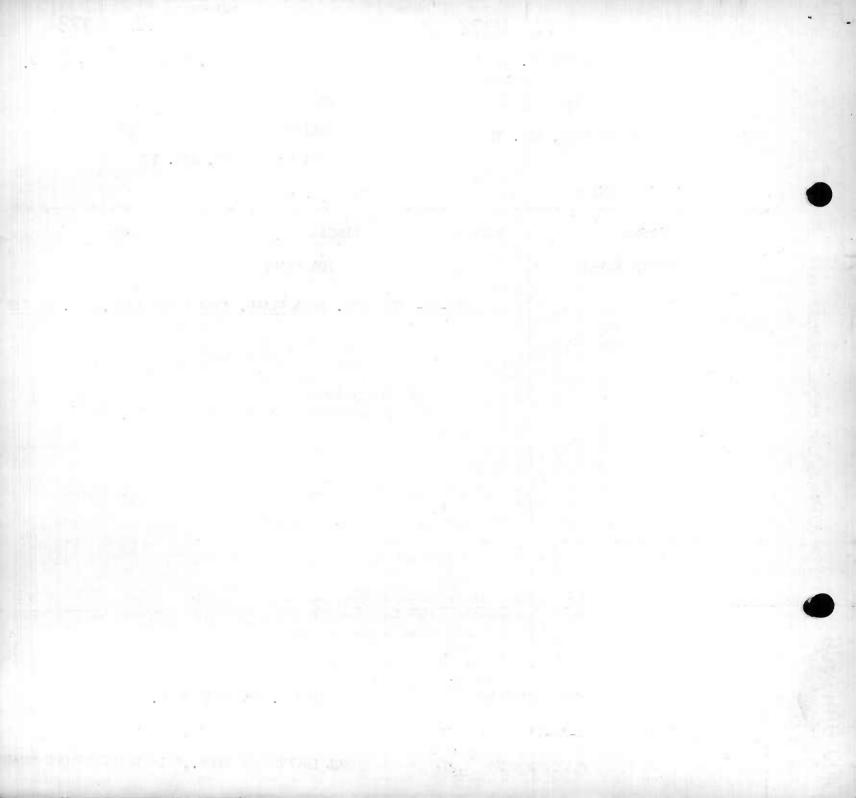
The state of the s

	P-435	71	0571			H DEPARTMENT	REG. I	NO	71	0571
1.	RTH NO. NAME OF DECE	—	00,1.2	CERTIFICA	112 0		ND HOUR OF	DEATH		
		Francisco				Sat.	an. 16,	1971	1	6:30 A. M
3.	PLACE IN BALTI	MORE MARYLAND, W	HERE PRONOUN	CED DEAD	A. STA	AL RESIDENCE (Wh	ere deceased liv	ed. If insti	itution; resid	ence before odmission)
FI	ULL NAME OF OSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTITUTION	ON. GIVE STREET		Maryland				8-31
IN	ISTITUTION"		odstock A			OR TOWN			CITY LIMIT	
		3440 WO	Justock A	ve.	E. STRE	Baltimore ET AND NUMBER	<u></u>		YES 🗶	NO 🗌
	00					446 Woodsto	ock Ave			
5.	1	RACE	7. MARRIED	NEVER MARRIED		OF BIRTH	9. AGE (In vec	ors	If Under 1 Months; Do	Yr. If Under 24 Hrs.
	M	W	WIDOWED	DIVORCED T	Oct.	4, 1887	lost birthdoy)		Months: Do	ys Hours Min.
10. do	A. USUAL OCCUP no during most of we	ATION (Give kind of work orking life, even if retired)	108, KIND OF BU	SINESS OR INDUSTRY	11. BIRT	HPLACE (State or for	ign countryl		12. CITIZEN	OF WHAT COUNTRY
	laborer	•	Esskay &	& Go.		Italy			ı	taly
13.	FATHER'S NAM				14. MOT	HER'S MAIDEN NA	ME			J
		ıknown				un	known			
5. Ye	Wes Deceased Es, no or unknown! (	ver in U. S. Armed Ford If yes, give wor or date:	s of service)	SOCIAL SECURITY NO.	17. INFO	RMANT	danahtan	1	AD	DRESS
	no			16-01-5977	C	ana Collit	daughter		eto-l-	Asua
	18. 15/	71		CAUSE OF DEAT	Н	and do his	1///	2000	I A	PPROXIMATE INTERVAL
	DISEASE	OR CONDITION DIR	ECTLY		11	deux Caso	1	Louis	. 0	THE CHISE I AND DEATH
	(This does not	mean the mode of	dying, e.g.,	(A) IMMEDIATE CAN	JSE W	DIJENCE OF	Want -	ram	14	
	injury or compl	sthenia, etc. It means icolion which caused	the disease, death.)		~ 0011021	ZOLIVOL OI.				
	At	TECEDENT CAUSES		(a)						
	DISEASES OR	CONDITIONS, II	ny, giving	DUE TO, OR AS	A CONS	QUENCE OF:		************		**************************************
	UNDERLYING	above couse (A) CONDITION last.	sloling the	(c)						
_		11								
00	ITO THE DEATH	ANT CONDITIONS CONBUT NOT RELATED TO TH	E TERMINAL							
CERTIFICATION	DISEASE OR COL	NDITION GIVEN IN PART	1 (A).	CH OPERATION	120 A	AUTOPSY? (Yes or N	V 200 IE Wee			
KIIL	0	PERATION 198 CONE	ORMED	OII OFERATION	2000,	CO IOA214 (Les ot 14	IN CERTIFYIN	IG CAUSE	ES OF DEA	NSIDERED TH?
	21 A. ACCIDENT	WAS UNDERLYING NG CAUSE OF	218, PLA	CE OF INJURY (e.g., i	n or obout	21C. WHERE DID	(If In E	oltimore C	ity, give exc	oct location)
Š	DEATH Inotify m	edical examined	etc.)	orm, foclory, street, o	uce piag.,	INJURY OCCUR				
MEDICAL	OF INJURY	Month) (Doy) (Year)		URY OCCURRED		21F. HOW DID INJ	URY OCCUR?			
2	(APPROX.)		While A	Not While	e 🔲					
	22. I certify th	at (I) (this hospital)	attended the d	eceased from/_	~ 4		19 71_ta_	1-	16	19 /
		st saw the deceased				7 / and th			n death o	ccurred an the date
	and have and f	rom the causes state	ed above. (I) (W	e) (did) (did not) v	lew the l		•			
	23A. SIGNATURE	4 7 1	ALL		. 1	/		23	& DATE SIG	GNED
		7	w-	DEGREE Phys	nding []	Med. Director	Shoff Phys.		1/19	171
	PHYSICIAN NAME (Type				23D. ADDI	RESS			1	
244	Seb	astian Russo		DEGREE		5017 Harfor		Balt	o, Md.	
447	REMOVAL (Spe	city)		of CEMETERY of CRE	MATORY	24D. L	OCATION		lown, or cou	
25	Buria			y Redeemen			altimor	e, M	d.	
:3/	IAM 9.1	O 4 1	25B NAME OF R	EGISTRAR	25C. I	UNERAL DIRECTOR	Funeral	Hom	e, In	DDRESS C.
S	150-REV. 1/1/68	The Carto	AMERICA .	net.		3331 Bre	nms Lan	e	,	



FUNERAL DIRECTOR: IMPORTANT

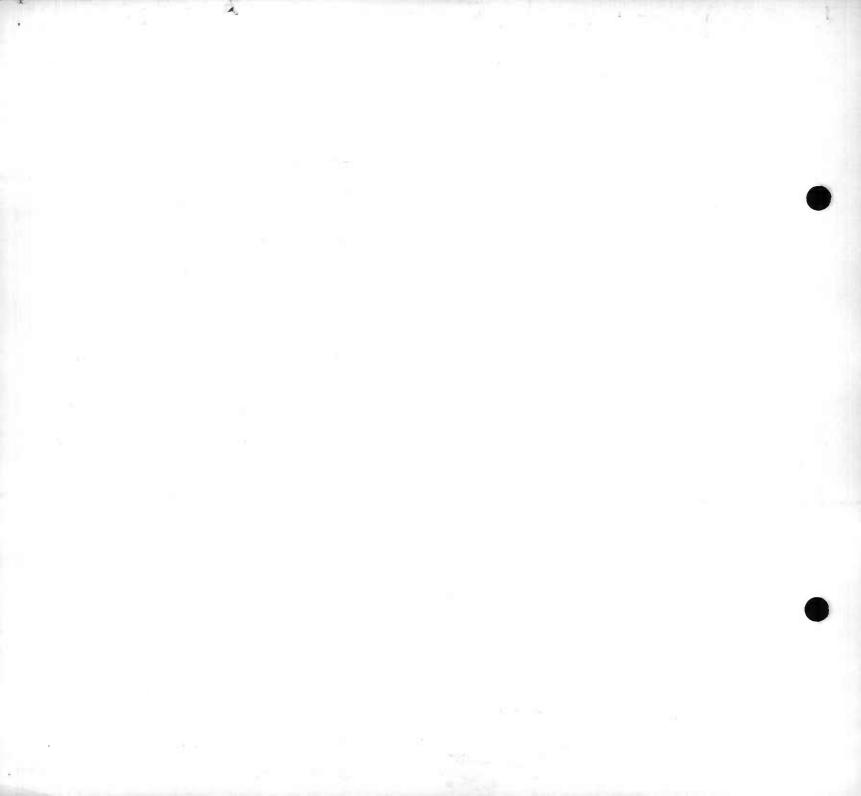
NAME OF DE Type or Print)	IRVING					ARY 17,	1971		4:45 P.
. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONO	JNCED DEAD	4. USUAL RESI	B. COU	ere deceased NTY	lived. If ins	stitutian: resi	dence befare admissiar
FULL NAME OF HOSPITAL OR NSTITUTION	FORDS LANE, A	ATION)	UTION, GIVE STREET		IMORE		D. INSIE	DE CITY LIM	7-20 ITS?
00				E. STREET AND		LANE	ADT T	C	
SEX	6. RACE	17		8. DATE OF BIR		LANE,		If Under 1	Yr. If Under 24 Hrs
MALE	WHITE	WIDOWED	NEVER MARRIED DIVORCED	MARCH 1,		last birthday	Yeurs	Months D	oys Hours Min.
	CUPATION (Give kind of work							12. CITIZE	N OF WHAT COUNTR
SALES	al warking life, even if retired)  SMAN	RET	ATI	RUSSIA				USA	
FATHER'S NA		N. I	NI L	14. MOTHER'S	MAIDEN NA	ME		USA	
MORRI	IS STARR			IDA :	STARR				
. Was Decease	ed Ever in U. S. Armed Fare	ces?	1 6. SOCIAL	17. INFORMANT				A	DDRESS
es, na ar unknow NO	vn) (If yes, give war ar date	s of service)	SECURITY NO.	MDC AND	A CTAD	0 4004	EODDO	TANE	ADT TO 44
18. A. /	7 73 .		215-09-6972 CAUSE OF DEAT		A STAK	K, 4004	FURDS		APT. TC #1
heart foilure injury ar ca	nal mean the made of asthenia, etc. It means amplication which coused ANTECEDENT CAUSES  OR CONDITIONS, if the above cause (A)	the disease, deofh.)	HA	A CONSEQUENCE					lyears
DISEASES rise la ll UNDERLYIN TO THE DEA	e, asthenia, etc. It means amplication which coused ANTECEDENT CAUSES	the disease, deoth.)  any, giving stating the MTRIBUTING HE TERMINAL TO ADDITION FOR V	(B) DUE TO, OR AS	S HID	E OF:	o) 20B, IF YI	ES, WERE FI		ONSIDERED
DISEASES rise la II UNDERLYIN  OTHER SIGN TO THE DEA DISEASE OR 19A. DATE O	a, asthenia, etc. II means implication which coused ANTECEDENT CAUSES OR CONDITIONS, if the above couse (A) NG CONDITION lost.  II IFICANT CONDITIONS COLOMATH BUT NOT RELATED TO TOUR CONDITION GIVEN IN PAR OF OPERATION 198. CONWAS PERIOD TO THE CONDITION OF THE	The disease, deoth.)  any, giving stating the MIRIBUTING HE TERMINAL TO A (A).  DITION FOR NOTICE TO A (A).	(B) DUE TO, OR AS  (C) WHICH OPERATION	A CONSEQUENCE	E OF:	IN CERTI	FYING CAU	INDINGS C	ONSIDERED ATH?
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DISEASES rise la II UNDERLYIN  OTHER SIGN TO THE DEA DISEASE OR 19A. DATE OF 21A. ACCID OR CONTRIE	e, asfhenia, etc. II means implication which coused ANTECEDENT CAUSES  OR CONDITIONS, if the above couse (A) and CONDITION lost.  II IFICANT CONDITIONS COLONITIONS COLONITION GIVEN IN PAR OF OPERATION 198. CON WAS PERIOR CAUSE OF CAUSE O	the disease, deofh.)  any, giving stating the  NTRIBUTING HE TERMINAL TO A LANGE TO A LA	(B) DUE TO, OR AS  (B) DUE TO, OR AS  (C) WHICH OPERATION  PLACE OF INJURY (e.g., a) (e. form, foctory, street, a) (injury occurred) (inju	20A. AUTOPS in ar about 21C. W ffice bldg., INJURI	Y? (Yes or N	IN CERTI	In Baltimore	INDINGS C	ONSIDERED ATH?
DISEASES rise la II UNDERLYIN  OTHER SIGN TO THE DEA DISEASE OR 19 A. DATE OF DEATH (naii)  10 TIME OF INJURY (APPROX.)	e, asfhenia, etc. II means implication which coused ANTECEDENT CAUSES  OR CONDITIONS, if the above couse (A) and CONDITION lost.  II IFICANT CONDITIONS COLONIAL STATE OF OPERATION 199E. IN PAR OF OPERATION 199E. CONDITION GIVEN IN PAR OF OPERATION 199E. CONDITION GIVEN IN PAR OF OPERATION 199E. CONDITION GIVEN IN PAR OF OPERATION 199E. CONDITION STATE OF OPERATION 199E. CONDITION GIVEN IN PAR OF OPERATION 199E. CONDITION GIVEN IN PAR OF OPERATION 199E. CON WAS PERIOR TO CAUSE OF 199E.	The disease, deofh.)  any, giving stating the   NTRIBUTING HE TERMINAL TOTAL T	(B) DUE TO, OR AS  (B) DUE TO, OR AS  (C) WHICH OPERATION  PLACE OF INJURY (e.g., of form, foctory, street, of the first o	20A. AUTOPS in ar about 21C. W ffice bldg., INJURI	Y? (Yes or N	IN CERTI	In Baltimore	INDINGS C	ONSIDERED ATH?
DISEASES rise la II UNDERLYIN  OTHER SIGN TO THE DEA DISEASE OR 19 A. DATE OF DEATH (national contents)  21 A. ACCID OR CONTRIE DEATH (national contents) 21 D. TIME OF INJURY (APPROX.)  22. I certif	e, asfhenia, etc. II means implication which coused ANTECEDENT CAUSES  OR CONDITIONS, if the above couse (A) in th	the disease, deofh.)  any, giving stating the   NTRIBUTING HE TERMINAL TO A LONG TO A	WHICH OPERATION  PLACE OF INJURY (e.g., form, foctory, street, or injury)  INJURY OCCURRED  INJURY OCCURRED  IN At Work  At Work  The deceosed from	20A. AUTOPS  in ar about 21 C. W ffice bldg, INJURY	HERE DID Y OCCUR?	JURY OCCU	In Baltimore	INDINGS CISES OF DE	ONSIDERED ATH?
DISEASES rise la II UNDERLYIN  OTHER SIGN TO THE DEA DISEASE OR 19 A. DATE OF OR CONTRIE DEATH (notified) 21 D. TIME OF INJURY (APPROX.)  22. I certif that (1) (we	e, asfhenia, etc. II means implication which coused ANTECEDENT CAUSES  OR CONDITIONS, if the above couse (A) and CONDITION lost.  II IFICANT CONDITIONS COLONIA BUT NOT RELATED TO TILD CONDITION GIVEN IN PAR OF OPERATION 19B. CON WAS PERION (Month) (Day) (Year)  (Month) (Day) (Year)	The disease, deofh.)  any, giving stating the Stating the TERMINAL TOTAL	DUE TO, OR AS  (B) DUE TO, OR AS  (C)	20A. AUTOPS  20A. AUTOPS  21F. Hole  21F. Hole  217 / 45	Y? (Yes or N HERE DID Y OCCUR?	JURY OCCU	In Baltimore	INDINGS CISES OF DE	ONSIDERED ATH?
DISEASES rise la II UNDERLYIN TO THE DEA DISEASE OR TO THE DEA TO	a, asthenia, etc. II means implication which coused ANTECEDENT CAUSES  OR CONDITIONS, if the above couse (A) NG CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	The disease, deofh.)  any, giving stating the MIRIBUTING HE TERMINAL TO I (A).  DITION FOR VERNED  (Haur) 21E. White War and the definition of the definitio	WHICH OPERATION  PLACE OF INJURY (e.g., in the deceased from the d	20A. AUTOPS  20A. AUTOPS  21F. Hole  21F. Hole  3 / 1 c, S  21g. Wiew the body of	Y? (Yes or N HERE DID OCCUR?  OW DID IN  ond t	JURY OCCU	In Baltimore	INDINGS CISES OF DE	ONSIDERED ATH?  exact location)  19 7/ occurred on the do
DISEASES rise la II UNDERLYIN  OTHER SIGN TO THE DEA DISEASE OR 19 A. DATE OF DEATH (not) 21 D. TIME OF INJURY (APPROX.)  22. I certif thot (1) (we ond hour or	a, asthenia, etc. II means implication which coused ANTECEDENT CAUSES  OR CONDITIONS, if the above couse (A) NG CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	The disease, deofh.)  any, giving stating the MIRIBUTING HE TERMINAL TO I (A).  DITION FOR VERNED  (Haur) 21E. White War and the definition of the definitio	WHICH OPERATION  PLACE OF INJURY (e.g., in the deceased from the d	20A. AUTOPS in ar about 21C. W ffice bldg, INJURY 21F. Ha	Y? (Yes or N HERE DID Y OCCUR?	JURY OCCU	In Baltimore	INDINGS C JSES OF DE City, give of	ONSIDERED ATH?  exact location)  19 7/ occurred on the do
DISEASES rise la II UNDERLYIN  OTHER SIGN TO THE DEA DISEASE OR 19 A. DATE OF DEATH (not) 21 D. TIME OF INJURY (APPROX.)  22. I certif thot (1) (we ond hour or	a, asthenia, etc. II means implication which coused ANTECEDENT CAUSES  OR CONDITIONS, if the above couse (A) NG CONDITION lost.  IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	the disease, deofh.)  any, giving stating the MIRIBUTING HE TERMINAL TO TORMED  CHAUTON FOR WORKED  (Haur) 21E. Whit was a state of the control of the contr	DUE TO, OR AS  (B) DUE TO, OR AS  (C)	20A. AUTOPS in ar about 21C. W ffice bldg, INJURY 21F. Ha 21F. Ha 21F. Ha 21F. Ha 22F.	HERE DID Y OCCUR?  Ow DID IN  ond tofter death.	JURY OCCU	In Baltimore  R?  (our) opin	indings Coses of Decity, give of the City, give	ONSIDERED ATH?  exact location)  19 7/ occurred on the do



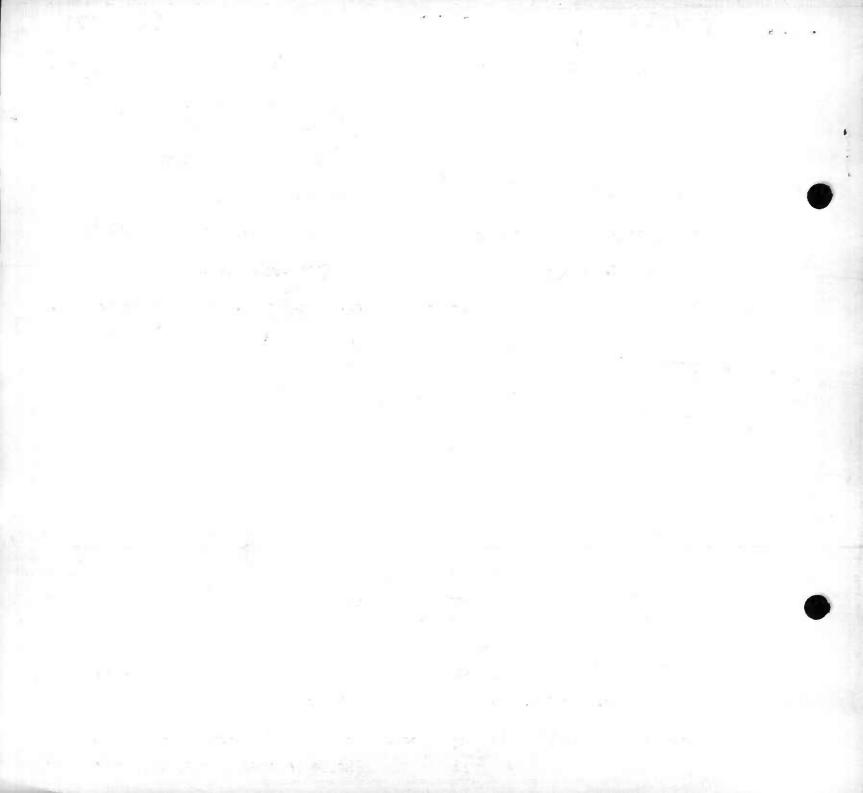
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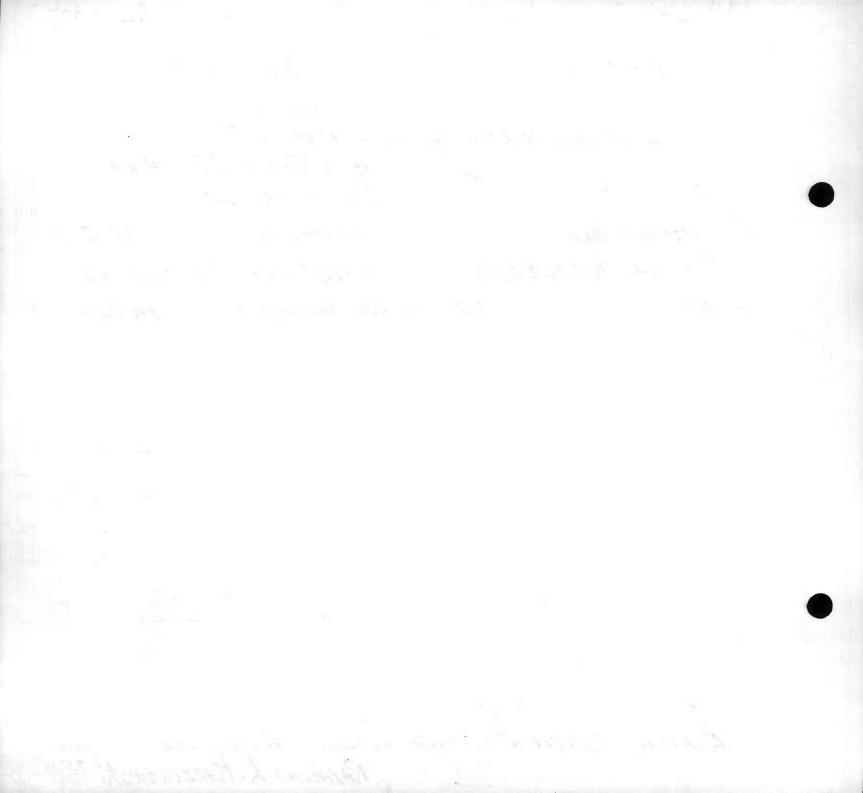
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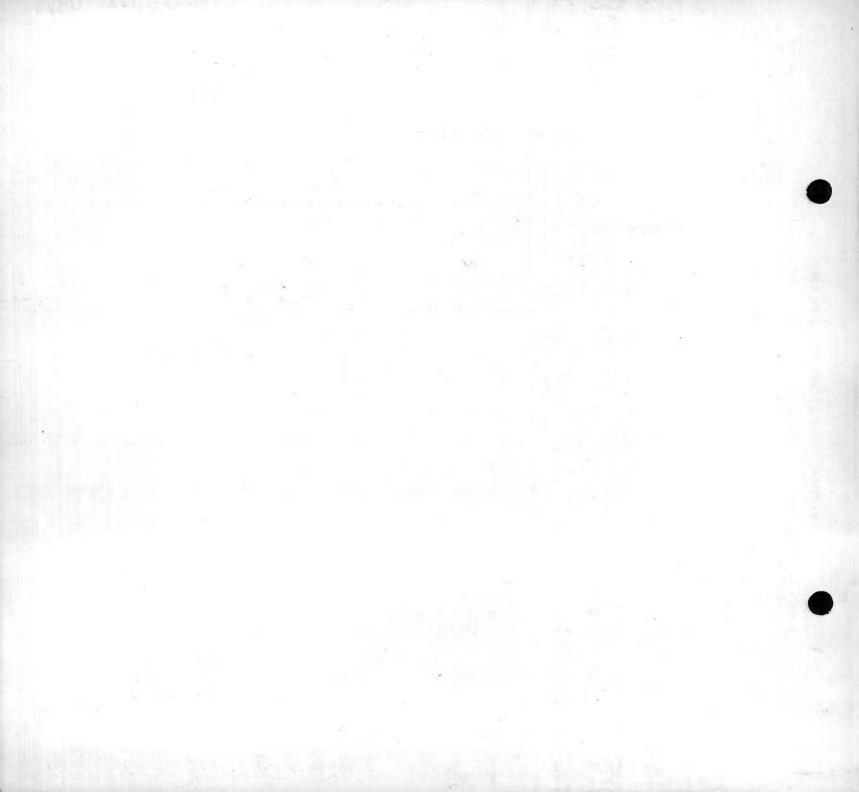


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1		BALTIMORE CITY	HEALTH DEPARTMENT		71 0575
1 home	71 0575	CERTIFICA	TE OF DEATH	REG. NO.	71 0370
	Pe at Print Page P	ria paule to	2. DATE AND	HOUR OF DEATH	
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. Il institu	rtion; residence before admission)
H	ILL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION) STITUTION	ISTITUTION, GIVE STREET	MARYLAN.	D	26-85 CITY LIMITS?
	BALTIMORE Cit	TY HOSPITAL	BALTIMORI E. STREET AND NUMBER		S NO
	31		421 JOPLI	VST. #	±24
1	F, WIDON		Tuly 26 1902	ost birthday) M	Under 1 Yr. II Under 24 His.
10A	USUAL OCCUPATION (Give kind of work 10B, KIN) of during most of working life, even it retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or loveig	n country)	2. CITIZEN OF WHAT COUNTRY?
	HOMEMAKER		MARYLAN	D	4.5.4.
13.	FATHER'S NAME	,	14. MOTHER'S MAIDEN NAM	E	
15.	OSEPH ROLCZ Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	MARYANNA 17. INFORMANT	SYNOR	ACKO
(Te	s,na or unknown) (II yes, give war ar dates of servi	5 SECURITY NO.	MP Tos Smi	arowski 4	12 Tralial ST
-/	18. 410, 91	CAUSE OF DEATH		ANDIOS NI 7	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY	Lien	Vat G AC	11.1	BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the made of dying,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	υρ,	
	heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	ase,	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES				1
	DISEASES OR CONDITIONS, if any, gi	ving (B)	A CONSEQUENCE OF:		
	rise to the above cause (A) stating UNDERLYING CONDITION last.	(c)			
	11	\0/	***************************************		
CATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	NG IAL	***************************************		
CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINE	DINGS CONSIDERED S OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, affeld.)	or obout 21 C. WHERE DID	(If In Baltimore CI	ty, give exact location)
EDI	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY	21 & INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
\$	(APPROX)	While At At Wark	° 🗆		
	22. I certify that (I) (this hospital) attend	ed the deceased from		68 to 1/5	2 197/
	that (1) (we) lost saw the deceased alive		19.70 ond the	t In (my) (oppe) opinion	n death occurred an the date
	and hour and from the causes stated abov	e. (1) (46) (46d) (did nat) v	lew the bady after death.		
	23A. SIGNATURE	1 20			B. DATE SIGNED
	Jack D. July	LLCO DEGREE Phys	Director L P	hys.	1/9/2/
	23C. HYSICIAN'S NAME Type		23D. ADDRESS		1
244	JOSEPH 15- LIBE	RTO MODEGREE	3508 Bu	1 5t. Ba	Maryland
246	REMOVAL (Specily)	C. NAME OF CENTETERY OF CRE	11	CATION (City, 1	own, or county) (Stole)
25	DURIAL 1/12/7/ A. DATE REC'D BY HEALTH DEPT. 258, NA	T. STANISLAU		KTIMORE	MD.
238	LAN 91 1074 P. C. A. P. L.	ME OF REGISTRAR	2SC. FUNERAL DIRECTOR	Kanzan	ADDRESS 5-25
1/5	THIN TO THE CONTRACT OF ASSESSMENT	360 CKB	1 BYMOND A	MCLORO	DUSTI FLEET OF





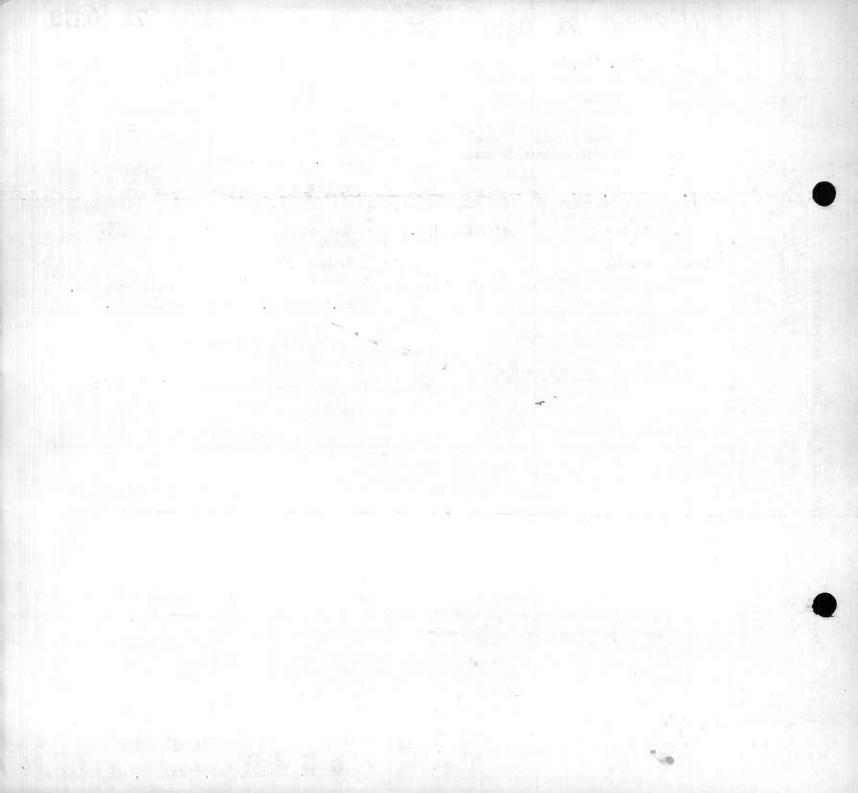
	ICK IEI DA OBRID	THEALTH DEPARTMENT ATE OF DEATH X REG. NO. 71 057.7				
	BIRTH NO.  1. NAME OF DECEASED					
	(Type or Print)	2. DATE AND HOUR OF DEATH				
	3. PLACE (N BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE IWhere deceosed lived, II institution: residence before odmissien)  A. STATE  B. COUNTY				
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATIONI	C. CITY OR TOWN D. ANSIDE CITY LIMITS?				
M	4017 Liberty ATS Are	Tatoma PC. YES NOF				
	Corangla nursing Home	E. STREET AND NUMBER  937 Houston Shoot				
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. If Under 24 Hrs. Months; Deys Hours; Min.				
	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF WHAT COUNTRY?				
	done during most of working life, even if refired)	Md. USB				
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Unknow ~	untuous				
	15. Was Deceased Ever in U. S. Armed Ferces?   16. SOCIAL	17. INFORMANT ADDRESS				
		20				
	18. 15 3 1 CAUSE OF DEAT	H APPROXIMATE INTERVAL				
	DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH				
	LEADING TO DEATH  (This does not meen the made of dying, e.g.,  (A) IMMEDIATE CALL  (This does not meen the made of dying, e.g.,					
	heart laiture, osthenia, etc. It means the disease, injury ar camplication which caused death.)	A CONSEQUENCE OF:				
	ANTECEDENT CAUSES	100				
		A CONSEQUENCE OF:				
	LINDER VING CONDITION :					
	CO	**************************************				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN (N PART 1 (A).	TI UNCERS				
	O O O O O O O O O O O O O O O O O O O	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	U 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., heme, farm, fectory, street, of DEATH (natify medical examiner)	in at about 21 C. WHERE DID (If in Boltimere City, give exact location) (fice bidg., INJURY OCCUR?				
	21D.TIME (Menth) (Doyl (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
	(APPROX.) While At Work At Work	e m				
	22. I certify that (I) (this haspital) attended the deceased from 3/14/70 19 to 1/14/7/ 19 that (I) (we) last sow the deceased alive on 1/14/7/ 19 ond that in (my) (our) online death occurred on the deceased.					
and haur and from the couses stated abave. (1) (We) (did) (did nat) view the bady after death.						
	23A. SIGNATURE	23B, DATE SIGNED				
	Phys	nding Med. Staff Phys.   1/14/71				
	22C BUYCLCI AARC	1801 GREENBELLY Re BOLT, Rel				
	DEGREE  24A, BURIAL CREMATION. 248. DATE 24C, NAME of CEMETERY OF CRE  REMOVAL (Specify)	Charles Care 1 100 1 100 100 100 100 100 100 100 10				
	Burnal 1-18-71 Ash Memorial	Cemetery Sandy Spring, Monta Mds				
	1AN 21 2071 A PARENTH DEPT. 256, NAME OF REGISTRAR	2560 FANERAL DIRECTOR ADDRESS DE CONTROL DE				
IE	/S 150-REV. 1/1/68	- Dry Much Sont				

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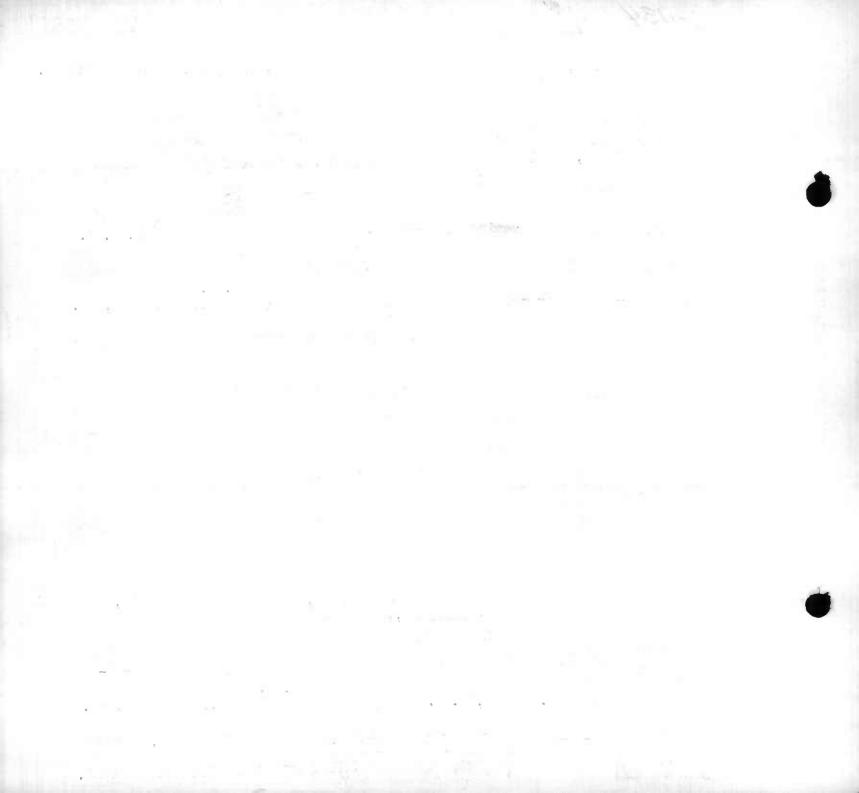
,	1) 21/1)	BALTIMORE CITY	Y HEALTH DEPARTMENT		m4 0-m0
BIRT	)-240 71 05%	79 CERTIFICA	TE OF DEATH	REG. NO	71 0579
1, N	AME OF DECEASED	slow	2. PATE AN	D HOUR OF DEATH	11115A M
3. P	LACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAO	4. USUAL RESIDENCE (When	re deceased lived. If in	stitution: residence before odmission)
HO!	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	Maryland c. ary or town Baltimo re		9-01 IDE CITY LIMITS?
la	House in the Pines		E. STREET AND NUMBER		YES K NO
U	2525 West Belvedere Av	enue	519 E. 38th S	treet	
S. SI	T (II)	RIED NEVER MARRIED NED NED NED NED NED NED NED NED NED N		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
	during most of working life, even if retired)  Seamstress Go.	Idman & Co.	Manuland		USA
	ATHER'S NAME	uman a Co.	Maryland  14. MOTHER'S MAIDEN NAM	4.5	usn
	uis Doroba		Helena?	ALE	
(Yes,	/os Oeceased Ever in U. S. Armed Forces? no or unknown) (If yes, give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO.	17. INFORMANT	Woo	dstock, Md.
/1	B. / / //- 91	CAUSE OF DEAT	Mrs. Rita H.	Weslow Dav.	APPROXIMATE INTERVAL
	LEADING TO DEATH  (This does not mean the made of dying, heart failure, asthenia, etc. It means the disc injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, girise to the above cause (A) stoting UNDERLYING CONDITION last.	ving (B)	A CONSEQUENCE OF:  A CONSEQUENCE OF:	yendol	us The
ATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERMIT DISEASE OR CONDITION GIVEN IN PART 1 (A).	NAL		•••••	
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION I	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	10 20B. IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
U	21A. ACCIDENT WAS UNDERLYING DON'T CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or about 21 C. WHERE DID INJURY OCCUR?	(If in Boltimor	re City, give exoct lacotion)
MEDI	21D.TIME (Month) (Day) (Year) (Haur) DF INJURY (APPROX.)	21 E. INJURY OCCURRED  While At Work  Not White At Work	21F. HOW DID INJ	URY OCCUR?	
1	22. I certify that (I) (this hospital) attend that (I) (we) last sow the deceased alive	on Jan 12	19 7 / ond th	19 70 to Ope ot in(my) <del>(our) o</del> pl	nion death occurred on the dote
2	and hour ond from the couses stoted obovers.  3A. SIGNATURE B. C. PHYSICIAN'S		ending Med.	Shaff Phys.	23B. PATE SIGNED   1971
	BURIAL CREMATION, 124B, DATE 124	OHP DEGREE	350157	Payl Si	ity, town, or county) (Stote)
	Burial 1/22/171		emetery Bal 25C. FUNERAL DIRECTOR	timore. Ha	
VS I	50-REV. 1/1/68	and a second	John A. Mora	n, Inc. 3000	O E. Baltimore



4 200	BALTIMORE CITY	HEALTH DEPARTMENT		71 0580
BIRTH NO. 74 0580	CERTIFICA	TE OF DEATH	REG. NO.	12 0000
1. NAME OF DECEASED (Type or Print) AQUIA, ANTHONY	J.		HOUR OF DEATH	71, 7:90P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	ED DEAD	4. USUAL RESIDENCE (Where d	eceosed lived. If instituti	on: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	MD . c. CITY OR TOWN	D. INSIDE C	25-31
ST AGNES HOSPITAL		BALTIMORE	YES	<u> </u>
40 WILKENS & CATON AVE BALTIMORE, MARYLAN		517 S. WICK	MAM RD.	2
MALE WHITE WIDOWED	DIVORCED	09 07 44	- 26	Under 1 Yr. Il Under 24 Hrs. nths Doys Hours Min.
done ducing most of working life, even if retired)  STEEL L	OCAL UNIO		country) 12.	U.S.A.
13. FATHER'S NAME SALVATORE AQUIA		14. MOTHER'S MAIDEN NAME DORA SANSON	IE	
	SOCIAL	17. INFORMANT		ADDRESS
NO	SECURITY NO. 2450	ST AGNES RECOR	RDS WILKEN	IS & CATON AVES
18.	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY		01 - 11.	(/ /	PETWEEN ONSET AND DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. 11 means the disease, injury ar camplicotion which caused death.)	DUE TO, OR AS	SE // Cnclotoxin	Thork	
ANTECEDENT CAUSES		No Corrice		}
DISEASES OR CONDITIONS, if any, giving	DISEASES OR CONDITIONS, it any, giving DUE TO, OR AS			***************************************
rise to the obove couse (A) stoling the UNDERLYING CONDITION last.	10 Lung	abscess		No. of Contract of
_				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994-DATE OF OPERATION 1998-CONDITION FOR WHICH	H OPERATION	20A- AUTOPSY? (Yes or No) 2	OB. IF YES, WERE FINDI	NOS CONSIDERED
WAS PERFORMED		YES "	N CERTIFYING CAUSES	OF DEATH?
OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CONTR	CE OF INJURY (e.g., ir rm, foctory, street, of	i or obout 21C. WHERE DID	(If to Boltimore City	, give exact location)
	URY OCCURRED	21F. HOW DID INJURY	OCCUR?	
(APPROX.) While A	Not While			
22. I certify that (1) (this hospital) attended the d			71 to JANUAR	
that 00 (we) lost sow the deceased alive on			in (niy) (our) opinion	deoth occurred on the date
and haur and from the couses stated above. (V) (W. 23A. SIGNATURE	e) (đid) (điđ Ách) v	lew the body after deoth.	loas	DATE SIGNED
1	Atte	nding Med. Sta	# FDF	DATE SIGNED
23C. PHYSICIAN'S NAME (Tygg)	DEGREE Phys	Director Phy 3D. ADDRESS	3	
SALVADOR OUTROZ	DEGREE	ST AGNES HOSP	ITAL CATON	& WILKENS AVE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specily)	of CEMETERY OF CRE	MATORY 24D. LOCA	ATION (City, tov	wn, or county) (Stote)
Burial 1/21/171 Oak 4	awn Cemete		more, Maryla	
JAN 21 1971 Bos E Jalen	GISTRAR (	Jann A. Moran,	Inc. 3000 F.	. Baltimore St.
VS 150-REV. 1/1/68	-	TO W . Y'		

ett. tit, i metrid gardy a tire a successful absenting and to decree to the 

(	-439 71 0581 CERTIE	E CITY HEALTH DEPARTMENT  ICATE OF DEATH  REG. NO	71 0581
1. N	ITH NO.	2. DATE AND HOUR OF DEATH	
	CALDWELL, CHESTER NORMAN PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	January 16, 1971	6:20 P. M.
FU HC	LL NAME OF OF ADDRESS OR LOCATION Veterans Administration Hospital 3900 Loch Raven Boulevard	Maryland Baltimore	53-00
6	Baltimore, Maryland	1917 Jasmine Road	
	Male Caucasian WIDOWED DIVORCE	5-19-18   5200091   1000	Under 1 Yr. If Under 24 Hrs. Oths: Days Haus Min.
A	LUSUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IND e during most of working life, even if refired)  Ircraft Worker  FATHER'S NAME	1 0	CITIZEN OF WHAT COUNTRY?
	Roland Caldwell	Julia Miller	
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) [III yes, give wor or doles of service) Yes 12-9-40 to 6-8-45 208 07 03	83 3900 Loch Raven Blvd., Baltin	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  CAUSE OF  Respi:	DEATH ratory arrest JE CAUSE OR AS A CONSEQUENCE OF:	approximate interval BETWEEN ONSET AND DEATH 35 Minutes
	injuly or complication which caused death.)  ANTECEDENT CAUSES  Chron	ic Obstructive lung disease	4 Years
		or as a consequence of: rolyte abnormalities	1-7 Days
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	ation vomitus	
CERTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY OR CONTRIBUTING CAUSE OF home, form, foctory, sheet.	(le.g., in or obout 21 C. WHERE DID (If in Boltimore City eet, affice bidg., INJURY OCCUR?	, give exact location)
MEDI	21D-TIME (Month! (Day) (Year! (Hour) 21E INJURY OCCURRE OF INJURY (APPROX.) While At No Work At	D 21F. HOW DID INJURY OCCUR?	
	22. I certify that XX (this hospital) attended the deceased from that XX(we) last saw the deceased alive an January 1.	6 9 9 19 71 and that in (mg) (our) opinion	
	and haur and from the causes stated above. (Y (We) (did) (孤化 23A. SIGMATURE		DATE SIGNED
	Shot May MW DEGRE	Attending Med. Staff	1-16-71
	John F. Rogers, M. D.	23D. ADDRESS V. A. Hospital 3900 Loch Raven Blvd., Baltim	ore, Md. 21218
24A	REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY	of CREMATORY 24D. LOCATION (City, to	vn, or county) (State)
25A	A DATE REC'D MONEALTH DEPT 258 NAME OF REGISTRAR	Memorial Gardens White Marsh,  25C. FUNERAL DIRECTOR  25C. FUNERAL DIRECTOR	ADDRESS
VS	JAN 21 1971 Black & Jaber M.D. 0	JOHN J DODA (7922 Wise Ave 1	Balto Md.

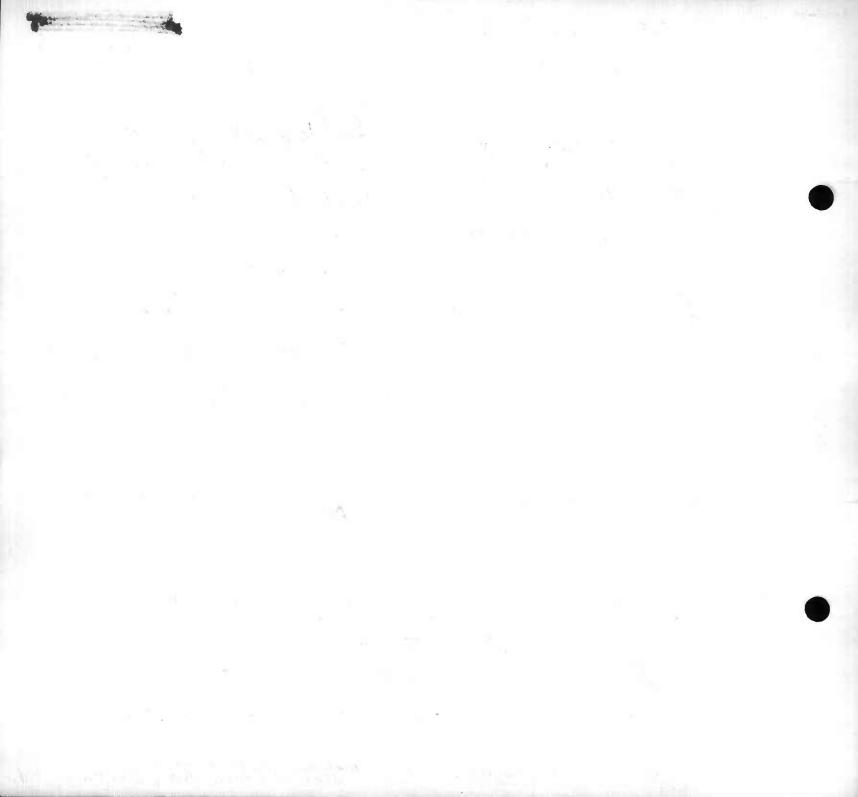


BIRTH NO.	52 71	0582		TE OF DEAT		71 0584	
Type or Print	DECEASED CU	mming	Benjani	2. DA	TE AND HOUR OF DEATH	17:30	^
3. PLACE IN	BALTIMORE, MARYLAN	D, WHERE PRONOU		4. USUAL RESIDENCE	(Where deceased fived, If i	1	e ddmission)
FULL NAME HOSPITAL OR INSTITUTION	OF WE NOT IN HE	OSPITAL OR INSTITULOCATION)		Mary In 2 C. CITY OR TOWN	Balt n	WHE 53	-00
1	w noin			E. STREET AND NUME	BER Celar Lar	VES OF NOT	<u>.                                    </u>
s. sex	6. RACE White	WIDOWED		8. DATE OF BIRTH		Months Doys Hour	nder 24 Hes.
done during mos	CCUPATION (Give kind of of working life, even if reti	work 10 B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CITIZEN OF WHA	COUNTRY
	okkeeper	Governme	m t	Pennsy	lvania	usA	
13. FATHER'S	NAME	GOVELLIME	311 (4	14. MOTHER'S MAIDEN	NAME		
Cur	- ming 1	Elviani	$\sim$	El:r	oth Mol		
	sed Ever in U. S. Armer	The second second	1 6. SOCIAL	17. INFORMANT	eth Wolverton	ADDRESS	
L. J. D. S	own) (If yes, give wor or		SECURITY NO.	Eva Cu	mminle	Same	
118	100		403-05-8225A CAUSE OF DEATH			APPROXIMAT	FILLER
DISI	EASE OR CONDITION LEADING TO DEA			(audiora	overest.	BETWEEN ONSE	
(This does	s nat meon the made		(A) IMMEDIATE CAU	SE ASCUD.			
heort failu	re, asthenio, etc. It me camplication which car	eans the disease, used deoth.)	1.		2		
	ANTECEDENT CAL		(B) Hypere 4	weepley of	lest ventricle		
rise to	OR CONDITIONS, the above cause ING CONDITION last	(A) slaling the	DUE TO, OR AS	A CONSEQUENCE OF:	lest ventuille al sinfact	A 1	
	- 11		\0/			***************************************	************
F TO THE DE	NIFICANT CONDITIONS ATH BUT NOT RELATED R CONDITION GIVEN IN	TO THE TERMINAL	**********************	********************	<i>Y</i> , S	> ,	
19A. DATE	OF OPERATION 198.	CONDITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED	· ·
OR CONTR	DENT WAS UNDERLYIN  IBUTING CAUSE OF  tify medical exomines	1G 21B, F home etc.)	LACE OF INJURY (e.g., ir, form, foctory, street, of	or about 21°C. WHERE D	ID (If In Boltimor R?	e City, give exact location	n)
OF INJURY (APPROX)	(Month) (Doy) (Y		At Work		INJURY OCCUR?		
22. 1 certi	fy that (1) (this hose			-1115	19 77 to	1/16	10 71
that (I) (w	last sow the dece	eased alive on	1/6/7		ed that in (my) (our) apl	nian death occurred	on the dote
		stated abave. (1)	(did not) v	ew the bady after de	ath.		
23A. SIGNA	7 EN	161	M. O. After	Iding Med.	Staff Phys.	23 B. DATE SIGNED	/
23C.PHYSIC NAME	CIAN'S H.Ea	1) 60+	DLOREE	3D. ADDRESS UN 2N	menov:a)	Hornile	A
24A. BURIAL C	REMATION, 248, DATE	24C. NA	ME of CEMETERY OF CRE		D. LOCATION (Ci	ty, town, or county)	1State1
Burial		)-71   St.	Johns Epis. C	emeterv	Kingsville	Balto. Co.	
	D BY HEALTH DEPT.	258 NAME OF	REGISTRAR	25C. FUNERAL DIREC		ADDRESS	Md. 21236
VS 150-REV. 1/	1/68	-	Company of the Compan		3 1.40		

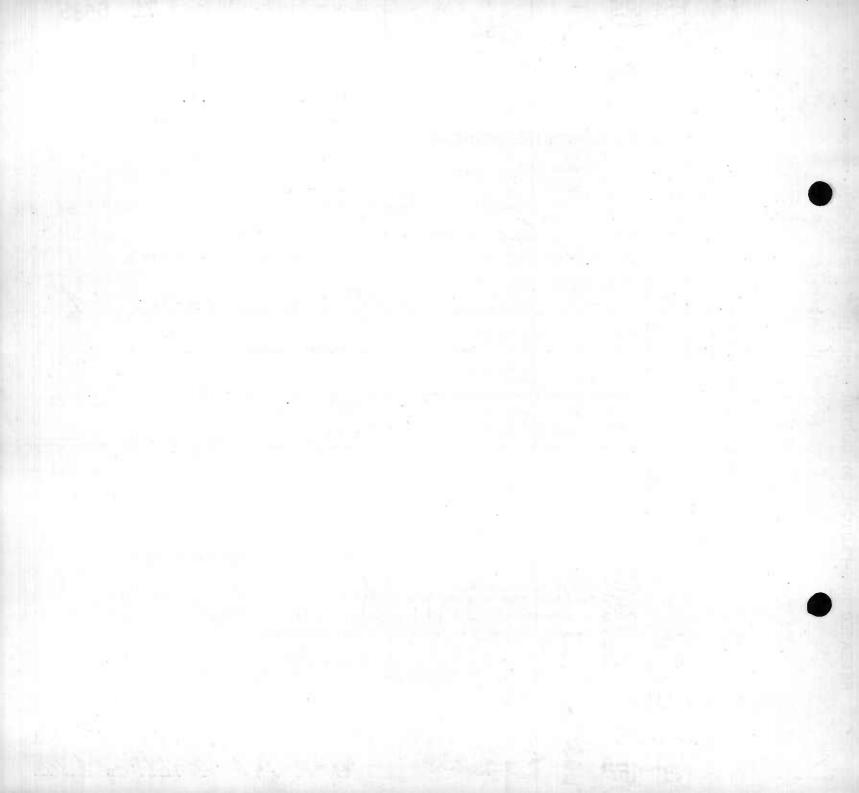
المواطئة محتما

	M-450 TH NO.	71	058	BALTIMORE CITY CERTIFICA			REG. NO	71	058	33
(Ty	De or Printl ULLAN. Joseph	Henry	- 1917			2. DATE AN	D HOUR OF DEATH	1		
3. FU	place in Baltimore, MA  LL NAME OF (IF NO ISPITAL OR ADDRE INTUTION  Veterans  3900 Loch	TIN HOSPITA SS OR LOCA Adminis Raven	or Institution stration Boulev	rution, ave street n Hospital ard	Mary. c. City or to Balt:	and own imore	D. 1N:	institution: res	12-07	
5. 5	Baltimore 6. RACE			NEVER MARRIED	B. DATE OF B	Hanpden	9. AGE (in yours	1 (6 11-4	V 1611	
	Male Whi	te	WIDOWED	DIVORCED	77/	1/13	lost birthdoy) 57	Months D	ays Hours	der 24 Hrs.
don	USUAL OCCUPATION (Given by during most of working life, execution of the control	re kind of work ven if retired)		g store		_	gn country) Md	12. CITIZE	n of what	COUNTRY
	John Mullan				100	MAIDEN NAMEURICH	ME			
	Wos Deceased Ever in U. S no or unknown (If yes, give Yes 9/1/4	Armed Force wor or dotes 2-7/6/4		16. SOCIAL SECURITY NO. 217-10-5380		spital :	3900 Loch R rvland 2121	laven B	LVd.	
N	(This does not mean theoria laiture, asthenia, et injury or complication when ANTECEDEN  DISEASES OR CONDITION  UNDERLYING CONDITION  II	c. It means to ich caused of the cause of the cause (A) DN last.	the disease, death.) ny, giving stating the	500.00,000.00	chogenic	carcino	ma		######################################	
CERTIFICATION	OTHER SIGNIFICANT COND TO THE DEATH BUT NOT R DISEASE OR CONDITION G 19A-DATE OF OPERATION	ELATED TO THI	TERMINAL	WHICH OPERATION		PSY? (Yes of No.	208. IF YES, WERE IN CERTIFYING CA	FINDINGS C	ONSIDERED	
A	21A. ACCIDENT WAS UNI OR CONTRIBUTING CAL DEATH (notify medical exor	DERLYING [	21 B	PLACE OF INJURY (e.g., in	or obout 21 C.	WHERE DID RY OCCUR?		re City, give e		
MEDIC	21D-TIME (Month) (D OF INJURY (APPROX.)	Pay) (Year)	Wh Wo			ILNI DID WOH				
	22. I certify that (1) (this hospital) attended the deceased from January 6th 19 71 to January 19th 19 71 that (1) (we) last saw the deceased alive on January 19th 19 71 and that In(pty) (our) opinion death occurred on the date									
	23A. SIGNATURE  Attending Med. Director Phys. 23R. DAT						23 B, DATE			
				RINEN, M.D.	3D. ADDRESS		och Raven E ore, Maryla	and 212:	18	
- AF	REMOVAL (Specify)	D. DAIE	24C. N	ME of CEMETERY OF GRE	THATORY	24D. LC	CATION (C	ity, town, or c	county)	(Stote)
- 6		1-22-7		RELAND MAMI			KVILLE	0	Lt.	

Del Caro Brooks Touris Touris 126



	11 , - 5	HEALTH DEPARTMENT 71 0585
2002	BIRTH NO. 71 0585 CERTIFICA	TE OF DEATH REG. NO.
ase + + Suc	T.NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
	Semand P. Wobbins	14. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
d o o d	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	A. STATE B. COUNTY
de de	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION!	MARYLAND A.A. 52-00
to d	INSTITUTION	C. CITY OR TOWN ANNAPOLIS  D. INSIDE CITY LIMITS?  YES  NOX
- d - d - d - d - d - d - d - d - d - d	THE JOHNS HOPKINS HOSPITAL	E. STREET AND NUMBER
6 - d - d - d - d - d - d - d - d - d -	33	ROUTE #3 BOX403
ibu	S. SEX 6. RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr.   If Under 24 Hrs.   Months; Doys   Hours   Min.
mtr mr mr ms ms ms	MALE WHITE WIDOWED DIVORCED	3-13-04
r r r r r r r r r r r r r r r r r r r	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
de inde	SALESMAN TWINE + CORDAGE	ra. 4.5.1.
was the spos	13. FAIRER'S NAME	14. MOTHER'S MAIDEN NAME
	BERNARD F. DOBBINS	MARGUERITE FLICKINGER
- 0 0	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
kinc dea	NO - 163057830	ORENE K. DOBBINS # 4
it dan dan or t	18. 4 / O . 7 I CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
So S	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	m 01 4/1/01
All	(A)IMMEDIATE CAL	A CONSEQUENCE OF:
par or	heart failure, osthenio, etc. II means the disease, injury or complication which coused death.)	A SONSE SELECTION OF THE PROPERTY OF THE PROPE
e de la compa	ANTECEDENT CAUSES	+ 2° do ? MI 10hm
Z P A P P P P P P P P P P P P P P P P P	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
(3) (3) s	rise to the obove cause (A) stating the UNDERLYING CONDITION lost.	CVS
rns; rsicia vas main	11	
did ysi	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	e Liver chan = curling 6-8am
y by	TO THE DEATH BUT NOT RELATED TO THE TERMINAL  STREET OF CONDITION GIVEN IN PART 1 (a).  194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION.	130A AUTOROXA (Ver ex Nell 200 UT VEC WEEK FINDINGS CONSIDERED
a he he the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
(2) B ere t o phy	U 21A. ACCIDENT WAS UNDERLYING 121B. PLACE OF INJURY (e.g., i	in or about 21 C. WHERE DID (If in Baltimore City, give exact location)
her ()	OR CONTRIBUTING CAUSE OF home, form, foctory, street, o etc.)	three bidg., INJURY OCCUR!
م ١٤٠٥	21D. TIME (Month) (Doyl (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
hos ppt (6)	OF INJURY  (APPROX.)  While At Not While At Work  At Work	
the Iny n ny n exce	22. I certify that (1) (this haspital) attended the deceased from	1971 to 17 1971,
0 0 0	that (1) (we) last sow the deceased alive on 17	19 7 ond that in (my) (our) opinion death occurred on the date
d to the standard to the stand	and hour and from the causes stated above (1) (We) (did) (did not)	
dent dent ospit dear	23A. SIGNATURE	238, DATE SIGNED
	Um the less aggree Phy	ending Med. Staff s. Director Phys. 1/17/7
S re	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
y was rely was rely An acc.  A. at a b.  A prior to approval	William J. Hudenson DEGREE	Johns Hopkins Hosp.
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR	EMATORY 24D. LOCATION (City, town, or equity) (Stotel
ws: (ws: (bod) ws: (bod) ws: (ten	CREMATION. 1-19-71 Ft. LINCOL	NOWADENSBURG T.G. MD.
e di pe	25A. DATE REGIO BY HEALTH DEBY. 25E NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
₹ ₩ \$ ₩ \$ #	VS 150-REV. 1/1/6B	John 101. Jos 10 Axons (Murgos, 11/1.



1	Dnin	BALTIMORE CITY	HEALTH DEPARTMENT		71 0586		
	11 01 12	86 CERTIFICA	TE OF DEATH	REG. NO	0.000		
	ype or Print) BABY BOY R	OGERS	2. DATE A	19-1970	1 40 245		
3	PLACE IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (WH	nere deceased lived if	institution; residence beloro odmission)		
III H	ULL NAME OF (IF NOT IN HOSPITAL OR IOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	A.A.	SIDE CITY LIMITS?		
	THE JOHNS HOPKINS H	OSPITAL	GLEN BURNIE	5. 1113	YES NO .		
L	33		200 SHANA	ROAD			
M		WED DIVORCED	1-17-1971	9. AGE (In years lost birthdoy)	Il Under 1 Yr. Il Under 24 Hrs. Months: Days Haurs Min.		
i0	A. USUAL OCCUPATION (Give kind of work 10B, KIP one during most of working life, even it retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or las	eign country)	12. CITIZEN OF WHAT COUNTRY		
_	FATHER'S NAME		St. Agnes Ho	-			
	KENNETH ROGE	RS	KATHER	INE SWEENE	Y		
15. (Y	. Was Deceosed Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or doles of ser	vice) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	18. 0 0 / 11	CAUSE OF DEATH			APPROVI		
	DISEASE OR CONDITION DIRECTLY	OTTOR OF BEATT	•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	LEADING TO DEATH						
	(This does not meon the mode of dying,	SE PUCLINC //	urijov. Cu	sees 29 hrs			
	heort foilure, osthenia, etc. It means the dis injury or complication which caused death.)						
	ANTECEDENT CAUSES	1.		91			
	DISEASES OR CONDITIONS, if any, g	A CONSEQUENCE OF:	***********	saays			
	rise to the above cause (A) stating	The	A CONSEQUENCE OF:		12		
	UNDERLYING CONDITION last	(C)					
Z	11		4				
TION	ITO THE DEATH BUT NOT RELATED TO THE TERMI	ing Conges	nital card	iac dise	ace		
CA.	IDISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			***************************************		
CERTIFIC	19A-DATE OF OPERATION 19B CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes of N	O) 208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?		
CER	21A. ACCIDENT WAS UNDERLYING	1212 Bl 4 CE CE III	48		20		
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, affect.)	ice bldg., INJURY OCCUR?	(If In Boltimor	re City, give exoct location)		
EDI	21D. TIME (Month) (Dayl (Yearl (Hour)	21E INJURY OCCURRED	21F. HOW DID IN.	URY OCCUR?			
ξ	(APPROX)	While At Not While					
Work At Wark  22. I certify that (I) (this hospital) attended the deceased fram 19 7/2 to 19 that (I) (we) last sow the deceased alive an 1/9 19 7/2 and that in (my) (our) opinion death occurred o							
	23A. SIGNATURE	23B, DATE SIGNED					
	Slianne S. Elfenk	Lin DEGREE Phys.	ding Med.	Staff Phys.	Que 20. 1971		
	PANE (Type) DIANNE S. EI	LFENBEIN 2	THE JOHNS H	OPKINS HO	SBITAL		
24/	A. BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME OF CEMETERY OF CREA			ty, town, or countyl (Stotel		
	Cremation   1/20/71	Johns Hopkins	Hospital 60	1 N Broad	way Balto., Md.		
25/	A DATE RECT BY HEALTH DEBT. 256 NA.		25C. FUNERAL DIRECTOR	AL DISPOS	ADDRESS		
1/5	160 DEV 1/1/69		- HONELL	THE TANK OF	V (Langella)		



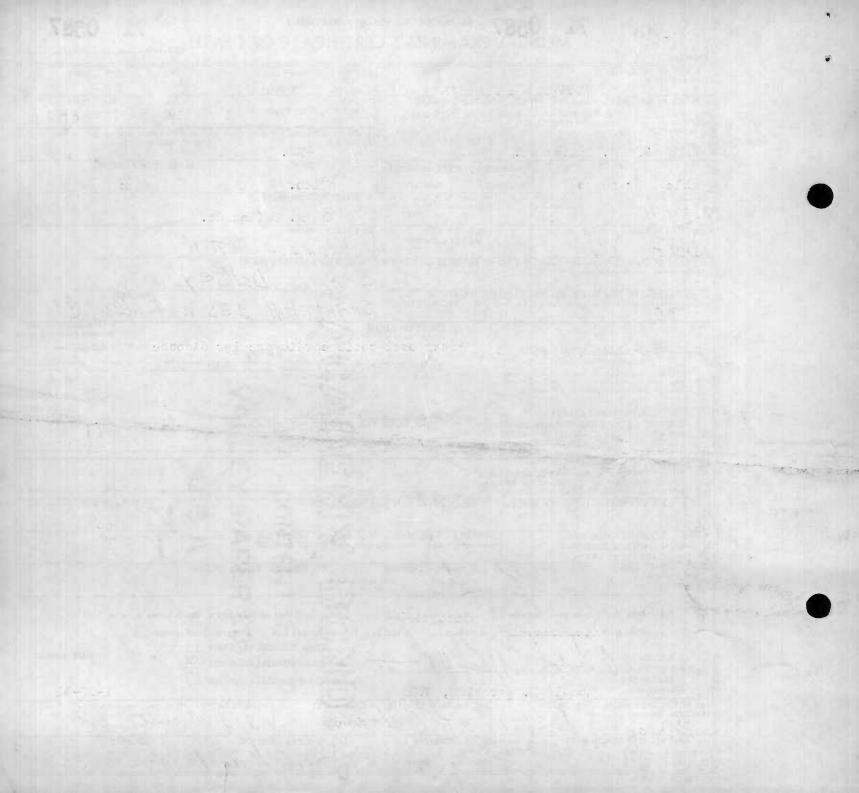
25C. FUNERAL DIRECTOR

ADDRESS

25A. DATÉ REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

250 NAME OF REGISTRAR



DEBITH NO. 171 0588 BALTIMORE CITY HE MEDICAL EXAMINER'S	ALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO.	71 0588
1. NAME OF DECEASED (Type or Print) Edith Dock	DATE Known A Month Doy	Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	3. DATE Manth Doy PRONOUNCED DEAD 1 18	Yeor Hour 71 2:10 D
303 N. Arlington Ave.	5. USUAL RESIDENCE (Where deceased lived. # instituti A. STATE Maryland B. COUNTY	on: residence before admission)
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE	CITY LIMITS?
female colored WIDOWED DIVORCED	Baltimore	YES NO
9. DATE OF BIRTH  3-30-1926  10. AGE (In years If Under 1 Yr. II Under 24 Hrs. Manths, Doys, Hours, Min.	E. STREET AND NUMBER  2542 W. Pratt St.	NO L
Durham, North Carolina  12. CITIZEN OF WHAT COUNTRY? U.S.A.	13. FATHER'S NAME Charlie Tapp	Mar dinas
done during most of working life, even il refired)  Practical Nurse	15. MOTHER'S MAIDEN NAME Cynthia Tapp	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknawn) (If yes, give wor or dotes of service) No.  17. SOCIAL 243-32-0182		W. Pratt Street
19. 5 7 / SI CAUSE OF DEA	тн	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	Fatty alteration of liver AS A CONSEQUENCE OF:  AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
and the second s	AS PERFORMED	21. AUTOPSY? (Yes ar No) yes
☐ UTING ☐ CAUSE OF DEATH.	in or about 22C, WHERE DID (If in Baltimare City, give en bldg., etc.)	kact location)
m. WORK AT W	22F. HOW DID INJURY OCCUR?	
	topsy 🛛 and that on this basis, death in my	opinion
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz M.D.	CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER	DATE SIGNED
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY Burial 1-24-71 Beach Wood Ce	or CREMATORY 24D. LOCATION (City, tow	rth Carolina
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR		
13/1 Verse & Town H. D. 1	MORTON & DYETT F.H. 170	ADDRESS 1 Laurens Street

BELLE STATE A SHEET COUNTY OF THE STATE STATES Teller I French Model Councers | In Explain . ILS TERROR & PROTROM

) -340 71 0589 BALTIMORE CITY HE	CERTIFICATE OF DEATH REG, NO. 71	0589
BIRTH NC.	REG. NO.	0,000.
1. NAME OF DECEASED		lour
(Type or Print)  RANDOLPH DUDLEY	OF DEATH Estimoted	
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD		lour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 1 20 1971	4:55 av
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution; residence beto	1100 01
Johns Hopkins Hospital	A. STATE B. COUNTY 8-	1
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	00
9 DATE OF RIPTH IIO AGE (In years   Millades ) Va Hillades 24 Has		
C 10 1016   lost birthdoy)   Months   Doys   Hours   Min.		
11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF	1663 Darley Ave.	
MATERIAL CONTRACTOR		
	Silas Dudley	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)		
Laborer Bethleham Steel	Fannie Dudley	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (II yes, give wor or doles of service). Yes 1/13/44 6/27/44 579-10-5864	18. INFORMANT ADDRESS	۸
	Mrs. Gertrude Dudley 1663 Darley	XIMATE INTERVAL
1 1/2/10/17	BETWEEN	ONSET AND DEAT
	rotic cardiovascular disease	
LEADING TO DEATH (This does not meen the mode of dying, e.g.,	CAUSE	
heart foilure, osthento, etc. it means the disease, Injury or complication which coused death.)	AS A CONSEQUENCE OF:	
The state of the s		
ANTECEDENT CAUSES (B)		
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.		
9		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
ME 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPS	Y? (Yes or No)
	yes	
	in or about 22C. WHERE DID (If in Baltimore City, give exact location)	
UNDERLYING OR CONTRIB- home, form, foctory, street, office UTING CAUSE OF DEATH.	e bldg., eic.) INJURY OCCUR?	
22D. TIME (Month) (Day) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
	WHILE	
23.	ORK	
I certify that I held on Inquiry Inspection Au	tapsy ond that on this basis, death in my opinion	
resulted from: Natural causes Accident Suicid	de Homicide Undetermined manner	
1 0 1 1 / 0	CHIEF MEDICAL EXAMINER	
ACTUAL / /eld ///	ASSISTANT MEDICAL EVAMINED TO	TE SIGNED
SIGNATURE M.D. M.D. EXAMINER'S		
NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER L  1-20	0-71
24A, BURIAL CREMATION, 1248, DATE 124C NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
REMOVAL (Specify) Burial 1-23-71 Arbutus Memori	ial Park Baltimore, Maryla	
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	Tal Talk	
IAN 21 1075 Pole & Jaben 20	25C FUNERAL DIRECTOR MORTON & DYETT F.H. 1701 Laurens	Street
UNIT NO 13/1	-C-F-0-0	
VS 151-REV. 1/1/68	0 0 0	

TO MANUFACTURE OF THE PROPERTY lesses tourist temper dark datelmore, narylant House Statement 1074 H. 1711 Emmars Samont

FUNERAL

VS 150-REV. 1/1/6B

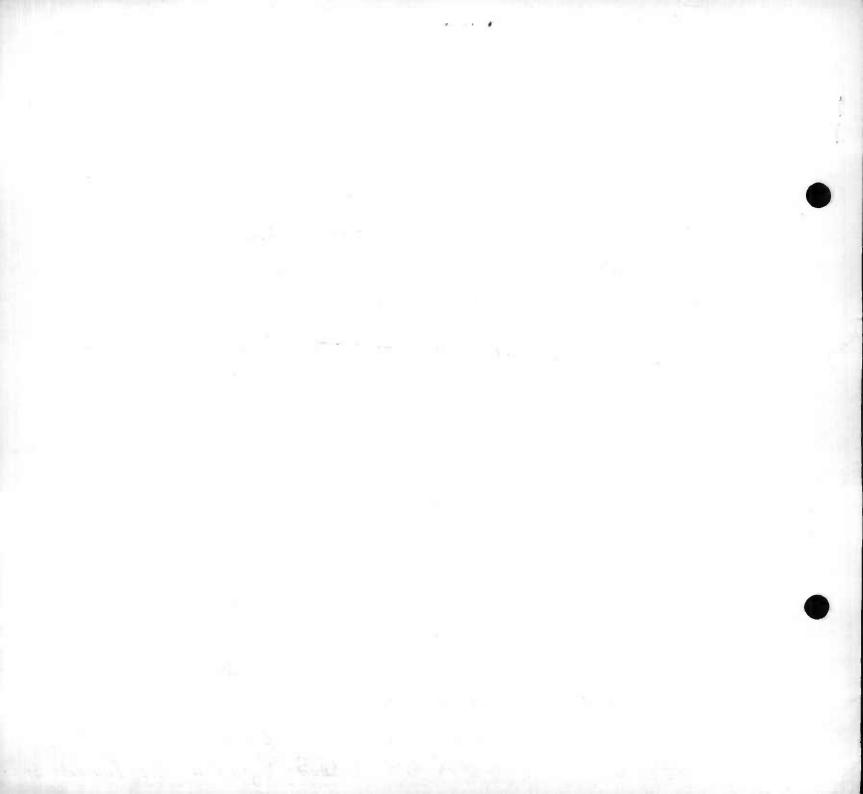


VS 151-REV. 1/1/68

MORTON & DYETT F.H.

1701 Laurens Street

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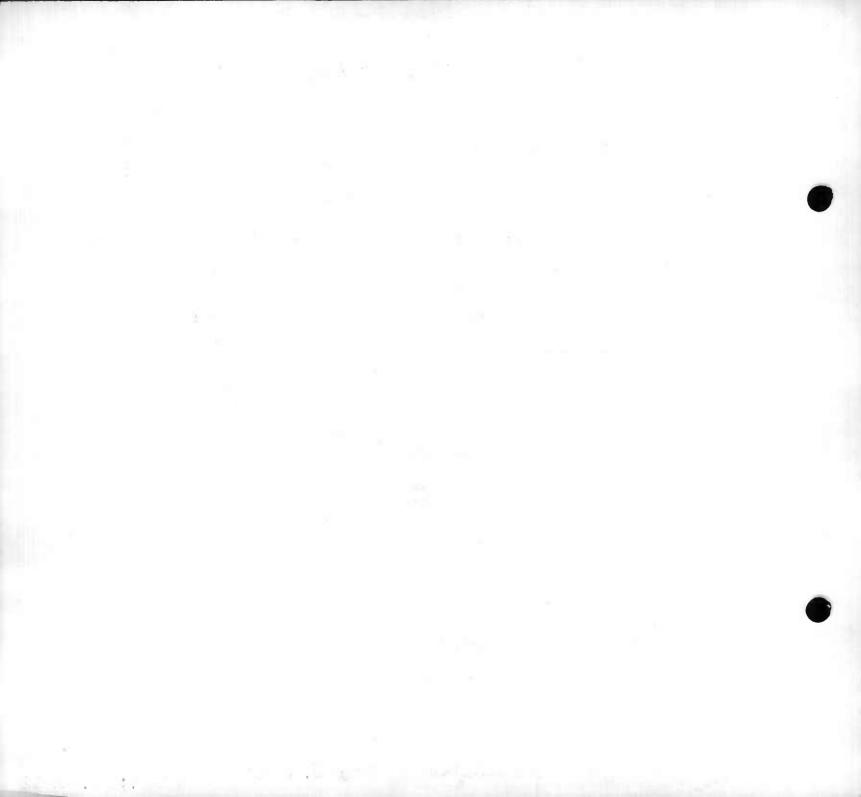
W456

		)593	MED	ICAL		AMINER'				OF	DEAT	H REG. NO	. 71	0593	
	NAME OF DE	CEASED												- 2009	
(Ty	pe or Print)	Jane S	LJ: 1m	0.20				2. DATE OF	Known	_	Month 1	17	71	6:45 D	
4.	PLACE IN BA	LTIMORE, MAR	YLAND, WI	HERE PR	ONOU	NCED DEAD		DEATH 3. DATE	CSIIRIOI	ec 🗀	Month	Doy	Yeor	Hour P.	М.
HO	L NAME OF SPITAL INSTITUTION	(IF NOT	IN HOSPITAL	OR INST	NOITUTION	I, GIVE STREET			NCED DE		1	17	71	6:45 r	) • M.
	00		Roland	l Av	e	Apt. 1D		A. STATE	·	(Where	deceosed li	B. COUNTY	on: residence	before admissio	n)
6.	SEX	7. RACE		B. MARRI	IED 🗌	NEVER MARRIED		C. CITY OR	TOWN			D. INSIDE	CITY LIMITS?		
	female	Whit		WIDOW	ED 🗌	DIVORCE		Balte	0.				YES 🔀	No 🗆	
	DATE OF BIRT		10.AGE (In slost birthdoy)	yeors	If Unde Months	Doys Hours	Hrs. Mtn.	42.06 R			20110 -	Apt.			
11.	BIRTHPLACE (	State or foreign				ZEN OF		13. FATHER'S		TIV	silue -	Apt.	LD		
		orgia		71		AT COUNTRY?	25.1	Roger	Ties	Sh	ivers				
14A	USUAL OCCU	PATION (Give k	ind of work 14	B. KIND	OF BU	SINESS OR INDU	USTRY	15. MOTHER	'S MAIDE	N NAN	VE IS				
	House	ewife		Own	Hor	ne		Jane	Tohr						
Ió.	WAS DECEAS	ED EVER IN U.	S. ARMED	FORCES'	? 17	SECURITY NO		IB. INFORM			83	25 S.	ADDRESS7	2hd Ave	
Ц,	No			,		15-07-6		Henry	Edw	in I		r Sou			8.
	19.	87	X	Can.		CAUSE OF		н					^	PPROXIMATE INTER	
	DISEAS	E OR CONDITI	ON DIRECT	rLY		Exsar	ngui	nation	due t	10 la	acerat	ion on	chin	TELLY OF SELF FROM	PENTI
		LEADING TO				(A)IMMEDI	ATE CA	USE							
	heart foilure	of meon the m , osthenio, etc. It	meons the d	iseose,				A CONSEQU	ENCE OF:			***************************************		<del></del>	
	mory or cor	nplication which	coused deoil	1.)											
	Al	NTECEDENT CA	AUSES			(B)									
	RISE TO THE	OR CONDITION	NS, IF ANY, E (A) STATII	GIVING NG THE		DUE TO,	, OR A	S A CONSEQ	UENCE OF	*					
Z	UNDERLYIN	NG CONDITIO	N LAST.			(c)		•••							
		11													
CERTIFICATION	DISEASE OR	IFICANT COND ATH BUT NOT RE CONDITION G	ELATED TO THE	TE TERMII	NAL	_									
8	20A. DATE OF	OPERATION	20B. CONI	DITION	OR WH	IICH OPERATION	N WAS	PERFORME	D				21. AUTO	PSY? (Yes or N	0)
ادا	2												ye	s	
OI	UNDERLYING	NAL CAUSE W	AS	2	2B. PLA	CE OF INJURY ( rm, foctory, street,	(e.g., in	or obout 22	C. WHERE	DID (	f in Boltimor	e City, give ex	koct locotion)		
MED	UTING CA	USE OF DEATH	1.			OME	onice i	0100., 210.)	4206	Rol	lland A	Ave.		27-14	1
	OF INJURY	(Month) (Doy		(Hour)		INJURY OCCUR	- fo				URY OCCU			11	
	(APPROX.)	1 17	71	un	MHIL WOR	K AT	NOT W	HILE T	Dec	ease	ed app	arently	fell.		
	23. I cert	Ify that I held	dan Ing	ulry [	] In	spection	Auto	psy XX	and that	on thi	s basis.	death In my	gninion		
	result	ted from: Nat	turghcause		Acci	dent XX Su	ricide	Hom	nicide 🗌	1		ed manner			
		<u></u>	+ 1		-				HIEF MEDI				Land		
	SIGNATE	IDE X	les	115	M	Mu	V44 P		ANT MED					DATE SIGNED	,
	EXAMINI NAME (T	ER'S Per	ter Li	pkov:	ic,	M.D.	"M.D.				AMINER	XXX		1/18/71	
24A REA	BURIAL CREA	AATION, 24B	. DATE		24C. N	NAME of CEMET	ERY ar	CREMATOR	Υ	24D. L	OCATION	(City, tow	n, or county	) (Stote)	_
	Burial	1	120/7	1		Loudon	Pa	rk		Ba"	ltimo	re.	Mc		
25 A	DATE REC'D	BY HEALTH DE	PT.			REGISTRAR		25C. FU	NERAL DI	RECTO	R	1	ADDRESS		_
	PAN 21	19/1	Cheus &	. Ja	Bear,	A.D.	1	H.W.	Jenk:	ins	& So			York !	Rd.
-	51-REV. 3/1/68								1 6 3	BB.	to.	_Md	21212		

and the second 

		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 71	0594		TE OF DEATH	REG. NO	71 0594
1. NAME OF DECE	Genn	:11. Mary	Clark 2. DATE AL	NO HOUR OF DEATH	1 19'00 -
3. PLACE IN BALT	IMORE, MARYLAND, WHERE		4. USUAL RESIDENCE (Whe	re deceased lived If in	titution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Mary and	Balt	limore 11-02
444	M heil	emorial Hosp	E. STREET AND NUMBER	re	YES NO
S. SEX			101 W.	Monum	ent street
Genale	White WIDO	OWED DIVORCED	09-12-95	9. AGE (In years lost birthdoy)	H Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
done during most of we	PATION (Give kind of work 108, KI) prking life, even if retired)	ND OF BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAM	etary 1	VSURANCE	Maryland d	ME	USA
JOH	N E. CLA	Or			
	ver in U. a. Armed Forces? If yes, give war or doles of ser		SARAH -	BURKE	ADDRESS
· No	m yes, give war or doles of se	220-12-2946	MRS. M. RO	CK KIEFER	HOPKINS APT.
18. 4/2	191	CAUSE OF DEATH	vio- Scleroki	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIRECTLY	Valcul	ov Azes		SETWEEN ONSET AND DEATH
(This does not	mean the mode of dving.	e.g., (A) IMMEDIATE CAUSI	CONSEQUENCE OF.		
ininih ot cambi	sthenia, etc. If means the distinction which caused death.)			art Failu	ve
AN	NTECEDENT CAUSES	(e) Chron	vic Obstru	ctive	
DISEASES OR	CONDITIONS, if any, gabove cause IA) staling	DUE TO, OR AS A	CONSEQUENCE OF:	Dicione	***************
UNDERLYING	CONDITION last.	(c)	nlmonary	01120010	
z	11				
= ITO THE DEATH	ANT CONDITIONS CONTRIBUT	ING NAL			
	NOTION GIVEN IN PART 1 (A).	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208 IF YES WERE FIL	NDINGS CONSIDERED
E 0	WAS PERFORMED		NE	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF	21B PLACE OF INJURY (e.g., in chome, form, foctory, street, officetc.)	e bldg., INJURY OCCUR?	(If In Boltimore	City, give exact location)
	Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
(APPROX.)		While At Work Not While			
22. I certify th	at (1) (his haspital) attend			9 7 1 to	1/20 11
that (1) (wa) to	st saw the deceased alive	an 1/20	01		an death accurred an the date
-		ve. (1) (12) (13) (did not) vie	w the hady after death	in intinity (GO), obtain	an death accurred an the date
23A. SIGNATURE	< 1/1		and story division decision	2	38, DATE SIGNED
	Can lo	M. Vergess Attend		Shaff D	1/20/11
23 C. PHYSICIAN	IL FARI	( Th. 1 2) M ( 231	D. ADDRESS		
24A. BURIAL CREMA	ATION, 124B. DATE 124	DEGREE	Un: an	memor	: al 140 (1).
Burial	cify)	NOTE CO The days	1		town, or county) (Stote)
25A. DATE REC'D BY	1/22/71 HEALTH DEPT. 258 NA	New Cathedral		timore	Md.
JAN 2	4	7 10 6	entry W. Jenk	ins & Sens	+Co. 4905 York
/S 150-DEN/ 1/1/4B					The second secon

d



a hospital and

PYA.	0-05		BALTIMORE CITY	HEALTH DEPARTMENT		MA OFOE
BIRTH NO.	0595		CERTIFICA	TE OF DEATH	REG. NO	71 0595
1. NAME OF DECEASED (Type or Print)	Elizabeth	S. P	nillips		and Hour of DEATH an. 19, 197	
3. PLACE IN BALTIMORE	MARYLAND, W	HERE PRONO	UNCED DEAD	14. USUAL RESIDENCE IW	here deceased lived. If in	nstitutions residence before admission
FULL NAME OF (IF		AL OR INSTIT	UTION, GIVE STREET	Maryland	DAII	9-07
1501	Gorsuch /	Avenue		Baltimore E. STREET AND NUMBER		YES NO
00				1501 Gorsu	ch Avenue	
5. SEX 6. RAC	<b>E</b>	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 4-11-1880	9. AGE (In years last birthday)	If Under 1 Yt. If Under 24 Hrs Months Doys Hours Min.
OA USUAL OCCUPATION	(Give kind of work	108, KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE [State or la	teign country)	12. CITIZEN OF WHAT COUNTR
Housewife	ite' eaeti ît (etited)		Home	Buffalo, N		U.S.A.
3. FATHER'S NAME				14. MOTHER'S MAIDEN N	AME	
	dore Sch			Unkno	own	
5. Was Deceased Ever in Yes, no or unknown) lif yes,	U. S. Armed Fore	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		u. serricer	220-44-6703	Mrs. Laura	a Parr 150	1 Gorsuch Ave.
DISEASE OR	ONDITION DIR	ECTLY	CAUSE OF DEATI	trelev	Λ	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IG TO DEATH		(A)IMMEDIATE CAU	SF	Elilare	10 yer
(This does not mean heart lailure, asthenic	. elc. il means	the disease	Assessment of the last of the	CONSEQUENCE OF:		
Injury ar complication	which caused	death.)				
	DENT CAUSES		(0)			
DISEASES OR CON	IDITIONS, if a	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	****************	***************
nise to the above	DITION last.	slaling The	(c)			
	Ш		( )	A 4		
OTHER SIGNIFICANT C TO THE DEATH BUT N DISEASE OR CONDITIO	OT DELATED TO TH	E TERMINIAL	Ω	rabiter		15 tyn
19A-DATE OF OPERAT	ION 198 COND	STION FOR V	VHICH OPERATION	20A. AUTOPSY? IYes or N	10) 20B. IF YES, WERE F	INDINGS CONSIDERED JSES OF DEATH?
OR CONTRIBUTING	UNDERLYING CAUSE OF examined	21 B. hom etc.)	e, iann, factory, street, aff	or about 21 C. WHERE DID ce bidg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
21D. TIME (Month)	(Doy) (Year)	(Houd 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX)	none		e At Not While			
22 1 contifu shee (1)	(abt = 1 ta = 1)	Wor		<u> </u>	-19	
22. 1 certify that (1)			e deceased from	51/	19 6 / to	19 //
that (1) (we) last sa			1/17	19//and t	hat in (my) ( <del>our)</del> opin	ion death accurred on the date
23A. SIGNATURE	ne causes state	d abave. (1)	) (We) (did) ( <del>did not)</del> vi	ew the body after death.		
Marrie	Feldn	ran	Atten Phys.	ding Med. Director	Staff Phys.	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Typel	Dr. Ma	urice F	GEGREE	D. ADDRESS	s Country B	Slvd.
(A. BURIAL CREMATION, REMOVAL (Specify)			ME of CEMETERY OF CREA			
REMOVAL (Specify)  Burial	1-22-197					, town, or county) [State]
SA. DATE REC'D BY HEA			altimore Cen		Baltimore,	Md
100000	-	SE NAME O	Ben 400	HU WELL DIRECTO	ins & Sons	Co., Md. 21212
S 150-REV. 1/1/68						



IMPORTAN

DIRECTOR:

FUNERAL

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Dulle,

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH



VS 150-REV. 1/1/68

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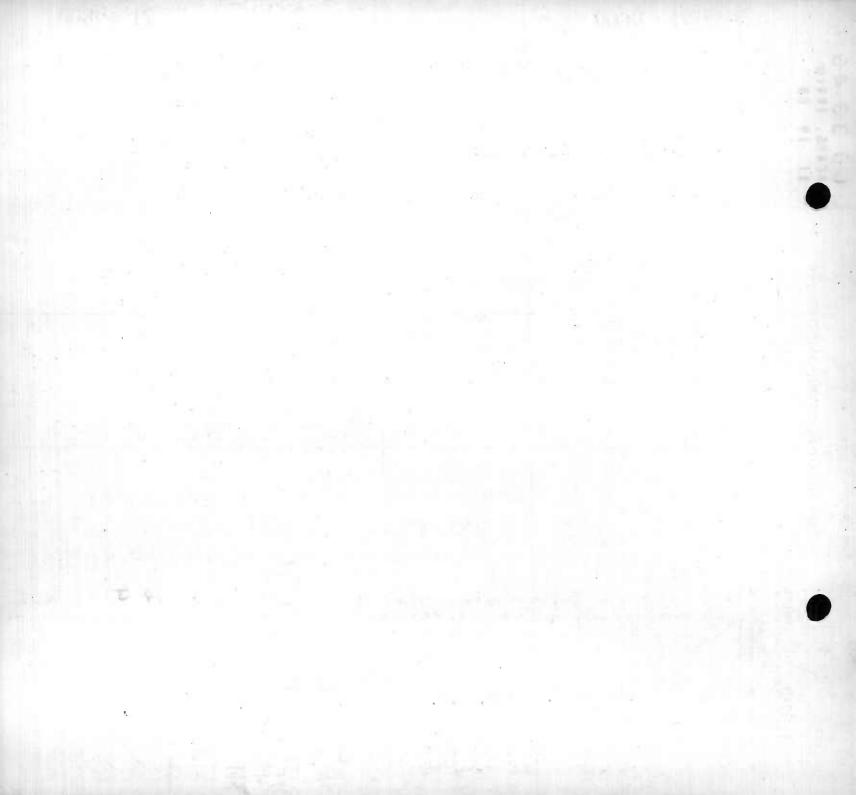
71 0598 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71 0598
1. NAME OF DECEASED	2. DATE Known Manth Day Year Hour
(Type or Print) THOMAS BROWN	OF DEATH Estimated . M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD  1 19 1971 1:25 p.m.  5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A Armes Charl 2501 E Pilli Ch	A. STATE B. COUNTY
Armco Steel 2501 E. Biddle St.	Md. 5-06
MARKIED LE NEVER MARKIED	
male negro widowed Divorced	Balto. YES NO NO
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. Sept 5 1911 Sept 59	3017 Herbert St.
11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF	13. FATHER'S NAME
King William Co. 2a, WHAT COUNTRY?	White Bhayen
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	TY 15. MOTHER'S MAIDEN NAME
done during most of working life, even it retired)	myrtle Lee
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service)  17. SOCIAL SECURITY NO.	IB. INFORMANT ADDRESS
228-10-263	3 Me Margaret Kreen 3017 Herter St
19. 4 1 2 CAUSE OF DEA	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Hypertens	ive cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE	
(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease,	AS A CONSEQUENCE OF:
injury or complication which coused death.)	
MISE TO THE ABOVE CAOSE (A) STATING THE	AS A CONSEQUENCE OF:
I UNDERLYING CONDITION LAST.	
l II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED  21. AUTOPSY? (Yes or No)
0 2	200
UNDERLYING □ OR CONTRIB. home, form, foctory, street, offi	, in or about 22C. WHERE DID (If in Baltimare City, give exact location) ce bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.)  m. WORK  NO	NORK
23.  I certify that I held an Inquiry Inspection A	stapsy and that on this basis, death in my apinion
resulted from: Natural causes Accident Suici	de Hamicide Undetermined manner
	CHIEF MEDICAL EXAMINER
ACTUAL // / //	ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
SIGNATURE MAINER'S NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER   1-20-71
NAME (Type) RONALD N. KOTHDLUM, M.D.  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY	
REMOVAL (Specify) Jan. 1871 Bethery Ba	pt. Ch arr. Reng William (3., Va.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS Marid Aug
JAN 21 1971 & E. Jaben M.D.	people Li Muss 2222 W. nanhare.

Missell Beren

IMPORTANT

DIRECTOR:



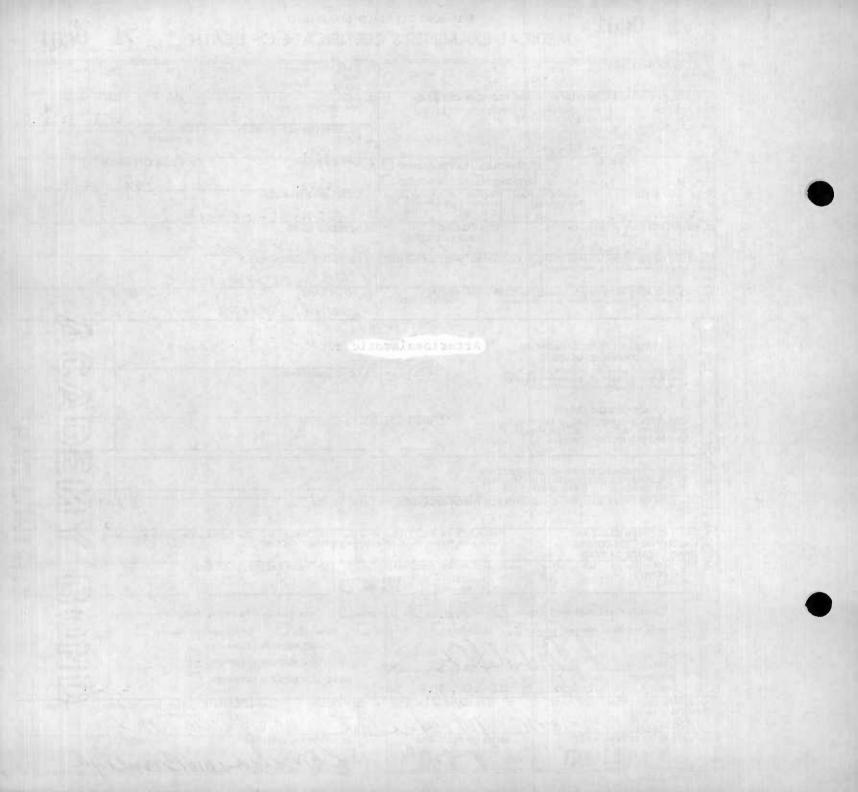


W-200 71 0601

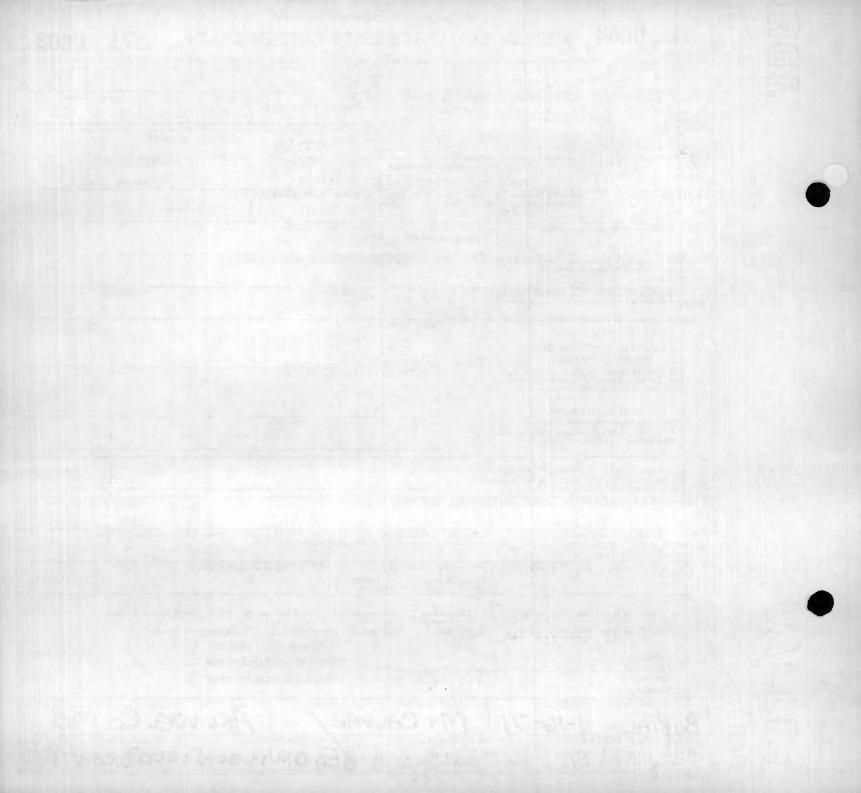
## BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	71
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MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO. 71 0601
	DATE W D
(Type or Print) WILLIAM WISE	2. DATE Known Month Doy Year Hour OF DEATH Estimoted M
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 1 15 1971 1:15 pm.
837 Mc Aleer Court	5. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY
	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male negro   B. MARRIED   NEVER MARRIED   NEVE	
9- QATE OF BIRTH   10.AGE (In years   If Under 1 Yr. II Under 24 Hrs.	Balto. YES NO L
lost birthday) Months, Doys, Haurs, Min.	837 Mc Aleer Court
BIRIHPLACE (State or lareign country) 12. CITIZEN OF	13. FATHER'S NAME
Unimel WHAT COUNTRY?	William Wish
14A.USUAL OCCUPATION (Give kind of work! 14B. KIND OF BUSINESS OR INDUSTRY dane during most of warking lile, even il retired)	15. MOTHER'S MAIDEN NAME
Sand dorling megaci warking me, even in emedy	Course Doodwin
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way a dates al service)  17. SOCIAL SECURITY NO.	IS INFORMANT ADDRESS
Tu state of	Josephy Oroso 117 Chelomost.
19. 4 1 CAUSE OF DEAT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY Hyperterely	cardiovascular disease
LEADING TO DEATH (A)IMMEDIATE C.	AUSE
	S A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	S A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   208. CONDITION FOR WHICH OPERATION WAS	
208. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No.)
₹ 22A. EXTERNAL CAUSE WAS   228, PLACE OF INJURY(e.g., i	no no
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Mapth) (Pay) (Year) (Hour) 12E INTIRY OF CHERED.	n ar obout 22C. WHERE DID (If in Boltimore City, give exact location) bldg., etc.) INJURY OCCUR?
OF INJURY (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED	
	22F. HOW DID INJURY OCCUR?
(APPROX.) M. WHILE AT WORK AT WO	WHILE [-]
(APPROX.) MHILE AT NOT V	MHILE D
(APPROX.)  m. WHILE AT NOT YOUR AT WORK AT WOR	OPSY and that on this basis, death in my opinion
(APPROX.)  m. WHILE AT NOTY AT WORK  23.  I certify that I held on Inquiry Inspection X Auto	OPSY and that on this basis, death in my opinion
(APPROX.)   MHILE AT   NOTY	OPSY and that on this basis, death in my opinion Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  DATE SIGNED
(APPROX.)   MHILE AT   NOT V	OPSY and that on this basis, death in my opinion Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  DATE SIGNED
Capprox.)   Mille AT   NOT V	OPSY and that on this basis, death in my opinion  Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER  1-16-71
Capprox.)   Mille AT   NOT V	OPSY and that on this basis, death in my opinion  Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  1-16-71
Capprox.)   Mille AT   NOT V	OPSY and that on this basis, death in my opinion  Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  1-16-71  OF CREMATORY  24D. LOCATION (City, town, or county) (State)
Capprox.)   Mille AT   NOT V	OPSY and that on this basis, death in my opinion  Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED  ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER  1-16-71

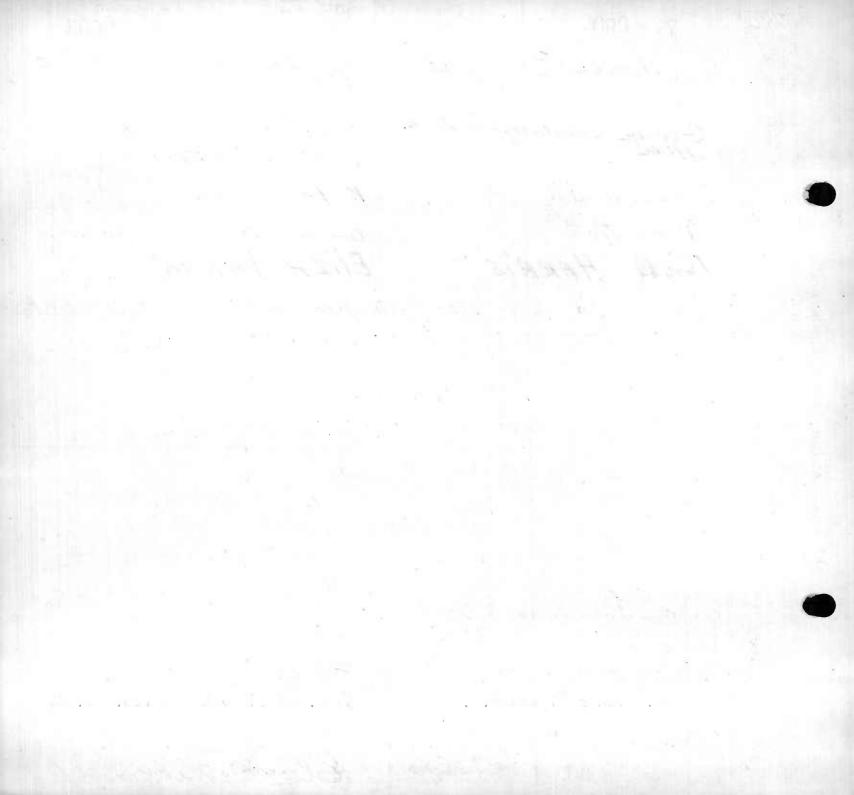


		2090	MED	ICAL	. EX	(AMINER'S			OF	DEAT	TH REG. 1	NO	/1	060	2
1.	NAME OF DEC	DANIE	EL DAV	TS			2. DATE OF	Known Estimot		Month	Day		Yeor	Hnur	
4.	PLACE IN BAI				RONO	UNCED DEAD	3. DATE			Month	Doy		Yeor	Hour	M
HO	L NAME OF SPITAL INSTITUTION	(IF NO	T IN HOSPITA	AL OR INS	TITUTIC	ON, GIVE STREET		OUNCED DE	-11		ry 11,			11:0	M
	17 Nort	h Carol	line St	reet			A. STATE				B. COUN			3 -0	
	SEX	7. RACE		8. MARR	RIED [	NEVER MARRIED		OR TOWN			D. INSID	E CITY	LIMITS?		
	lale	Negro		WIDOV				timore				YES	Ż.	но 🗆	
9. 6	A-12-	H -1892	lost birthdo	y) 78	Month	der 1 Yr. II Under 24 Hrs. hs Doys Hours Min.		North C		line S	treet				
11.	BIRTHPLACE	State or larely	gn country)			HAT COUNTRY?	13. FATH	ER'S NAME	Buo	n					
14A done	.USUAL OCCU	IPATION (Giver working life, ex	re kind of work ren Il relired)	14B. KIND	OF B	USINESS OR INDUSTR	Y 15. MOT	IER'S MAIDE	N NA	ME					
	WAS DESEAS	ED EVED IN	II S A B M S	FORCE		17 COCIAI	10 15/50	mil	w	u		ADDI	Sec.		
	WAS DECEAS , no or unknown					17. SOCIAL SECURITY NO.	ma.	ue H	ture	att	Sun	id	KESS		
	19. 41	24				CAUSE OF DEA			1	,	1	1		PPROXIMATE IN	
	DISEAS	E OR COND	TION DIRE	CTLY		Arter	roscie	rotic	caro	lovaso	cular o	uisea	ase		
	(This does a	LEADING TO		lna e a		(A) IMMEDIATE									
	heart lollure	a, asthenia, etc mplication whi	c. It meons the	disease,		DUE 10, OR	AS A CONS	EQUENCE OF	*						
	DISEASES	NTECEDENT OR CONDITI	ONS, IF ANY	, GIVING	,	(B) DUE TO, OR	AS A CON	SEQUENCE C	F:						
L	RISE TO TH	E ABOVE CA	USE (A) STATION LAST,	TING THE		(a)									
Ö			11			(c)									
ERTIFICATION	TO THE DE	NIFICANT COM ATH BUT NOT CONDITION	NDITIONS CO	THE TERM	UNAL	-									
CERTI						WHICH OPERATION W	AS PERFO	RMED				2	i. Auto	PSY? (Yes	or No)
A.	22A. FXTER	NAL CAUSE	WAS		22R B	LACE OF INJURY (e.g.	in or chau	22C WHED	E DID	fil in Raltim	and Clift als	a avast l		-	
EDIC	UNDERLYING UTING	OR CON	ITRIB-		home,	farm, loctory, street, olli	ce bldg., etc.	INJURY OC	CURT	(II III DOILIII	ore City, giv	e cauci i	ownony	100	
Σ	OF INJURY	(Month) (I	Doy) (Yea	r) (Hou		E.INJURY OCCURRED	, made	22F. HOW	DID IN	JURY OCC	UR?				
	(APPROX.)				m. W		WHILE								
		tify that 1 h	eld an	naulry [		Inspection X A	topsy 🗆	and the	at an t	his basis	, death in	my ap	inian		
		ted from: 1	· ·	1				Homicide [			ined mann				
1		(	1		-	A		CHIEF MEI	DICAL						
	SIGNAT		////	Tilia	let	4-5 M.I	AS	SISTANT ME	DICAL	EXAMINER	X	1/	11/7	DATE SIG	NED
	EXAMIN NAME (	IER'S	idore 1	Miha1	aki			SOCIATE ME	DICAL	EXAMINER		1/.	11//.	L	
24. RE	A. BURIAL CRE	MATION.	248. DATE	21	240	NAME of CEMETERY	or CREMA	TORY	24D.	LOCATION	N (City,	town, o	5 county	17 (50	ite)
25	DUKING DATE PECT	BY HEALTH	1-16	1258 1	JAME	OF REGISTRAR	1254	. FUNERAL	DIRECT	OP	1000	ADD	RESS	100	
23	JA	N 04	1971			aber M.D.	NE E	_		-50 h	0,00	~	SRF	NTU	CE
VS	151-REV. 1/1/6	8													1

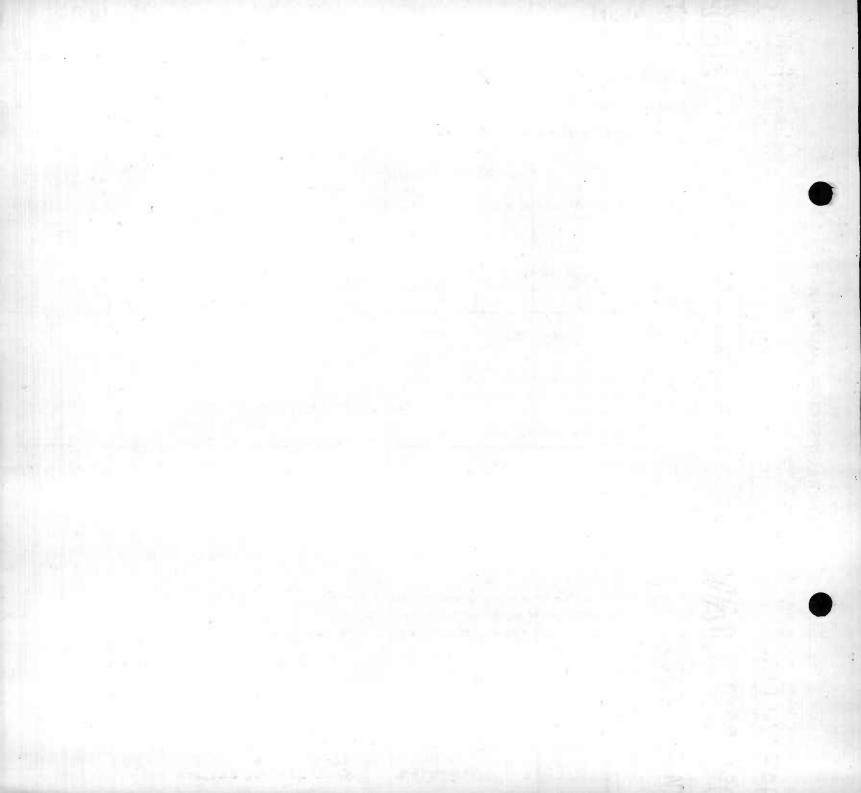


FUNERAL DIRECTOR: IMPORTANT

31 0603	CERTIFICATE OF D	CAIN	G. NO. 71 0603
Type or Print) MABEL C	happell.	2. DATE AND HOUR	145 A
FULL NAME OF HOSPITAL OR ADDRESS OR LOCATION OF WASHINGTON OF ADDRESS OR LOCATION OF ADDRES	or Institution, GIVE STREET  OR OF INSTITUTION, GIVE STREET  O	24LAND	D. INSIDE CITY LIMITS?  YES NO
5. SEX   6. RACE   N   7.	MARRIED NEVER MARRIED B. DATE OF BI	RTH 9. AGE (In	yeors   If Under 1 Yr. , If Under 24 H
1 1 1	VIDOWED DIVORCED 10-1	- 04 lost birthdo	Months Days Hours Min.
Dome during most of working life, even if retired)	BALT	more	U.S.A.
S. Was Deceased Ever in O. S. Armed Forces	16. SOCIAL 17. INFORMAN	A FACK	San
Yes, no ar unknown) (If yes, give war ar dates a		1#975	607 Penna A
injury or complication which caused de	oth.)		0-1
DISEASES OR CONDITIONS, if ony rise to the above cause (A) st UNDERLYING CONDITION tost.  OTHER SIGNIFICANT CONDITIONS CONTITION THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1	BUTING ERMINAL (A).  ON FOR WHICH OPERATION  (B).  (B).  (C).  (B).  (B).  (C).  (C).  (D).  (D).  (D).  (A).  (D).  (D).  (D).  (D).  (A).  (D).  (D)		friks  Tiling  Yes, Were FINDINGS CONSIDERED  IFYING CAUSES OF DEATH?
DISEASES OR CONDITIONS, if ony rise to the above cause (A) st underlying condition tost.  O THE SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1 19A. DATE OF OPERATION 198. CONDITION WAS PERFORUSED.	giving DUTO, OF AS A CONSEQUENT	IN CERT	
DISEASES OR CONDITIONS, if ony rise to the above cause (A) st UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1 19A. DATE OF OPERATION 19B. CONDIT WAS PERFOR	giving DUB 10, OF AS A CONSEQUENT OF THE CONSEQU	IN CERT	f In Boltimore City, give exact location)
DISEASES OR CONDITIONS, if ony rise to the abave cause (A) st UNDERLYING CONDITION lost.  OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1 19A. DATE OF OPERATION 19B. CONDITION OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (1) this haspital) of that (1) we) last saw the deceased and haur and fram the causes stated 23A. SIGNATURE	giving the DUS O, OR AS A CONSEQUENT OF AS A CONSEQ	WHERE DID RY OCCUR?  HOW DID INJURY OCCU  19  and that imy after death.  Med. Staff Phys.   Branch Director Phys.   IN CERT	f In Boltimore City, give exact location  UR?  ta
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony rise to the above cause (A) st UNDERLYING CONDITION lost.  II  OTHER SIGNIFICANT CONDITIONS CONTITO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1 19-A. DATE OF OPERATION 19-B. CONDITION CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (I) this haspital) of that (I) we) last saw the deceased and haur and fram the causes stated 23A. SKNATUBE  23C-FHYSICIAN'S NAME (Type)  Dr. Richard Tyse  24A. BURIAL CREMATION, REMOVAL (Specify)	DUSTO, OF AS A CONSEQUENT OF AS	WHERE DID RY OCCUR?  HOW DID INJURY OCCU  and that it my after death.  Med. Staff Phys.	f In Boltimore City, give exact location  UR?  ta



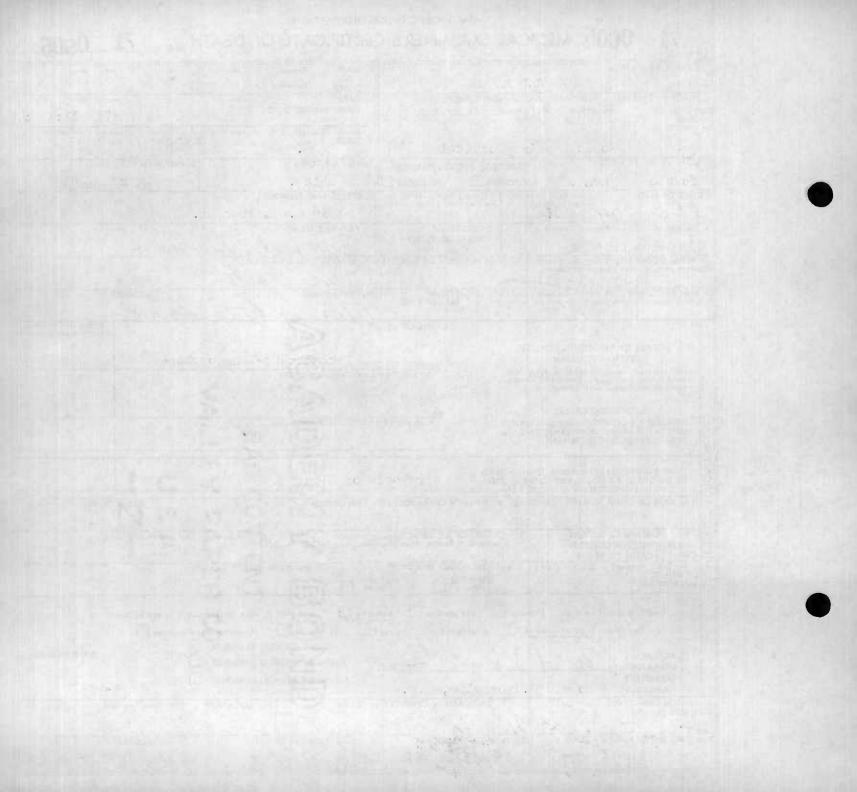
1-1-9-19	Oco/	BALTIMORE CIT	Y HEALTH DEPA	RIMENI		17/4	0001
11	0604	CERTIFICA	TE OF D	FATH	REG. NO	11 0	PO-3
BIRTH NO.	ACCE A CED	CERTIFICA	ALC OF D		ID HOUR OF DEATH		
1. NAME OF E	JORDAN H	RD ING			PM 1 15		7.40 P
3. PLACE IN	BALTIMORE, MARYLAND, WHI	ERE PRONOUNCED DEAD	A. STATE	DENCE (Whe	łTY Y		nce before admission)
FULL NAME	OF (IF NOT IN HOSPITAL ADDRESS OR LOCATI	OR INSTITUTION, GIVE STREET	MARYL			IMORL C	000
NOITUTITZMI			C. CITY OR TOV	MORE	D. tN	YES YES	NO
IH	E JOHNS HOPKI	NO HUSPITAL	E. STREET AND				140 🖂
33					IRHAM STRE	EI	
S. SEX	NEGRO	MARRIED NEVER MARRIED WIDOWED DIVORCED	3-26-		9. AGE (In years lost bistadoy)	If Under 1 1 Months Doy	
	CCUPATION (Give kind of work 10	B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE	(Stote or fore	ign country)	12. CITIZEN	OF WHAT COUNTRY
(	ety Euslow	Re	Carried States	med		M	84
13. FATHER'S	NAME		14. MOTHER'S	MAIDEN NA	ME		
	Unknow		Min	Enou			٠.
15. Was Decea (Yes, no or unknown	sed Ever in U. S. Armed Force: own) (If yes, give wor or dotes	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	/	12.1	AD	DRESS
1	neo		Word	cow 10	tudy		
18.	36,41	CAUSE OF DEA	TH		4,		PROXIMATE INTERVAL EEN ONSET AND DEATH
DIS	EASE OR CONDITION DIRECTED TO DEATH		Brain	rst.	em stol	CC	
(This doe	s nal mean the made of d	ying, e.g., (A) IMMEDIATE CA	USE A CONSEQUENCE	F OF:			
heart faile	re, asthenia, etc. It means th camplication which caused d	e disease,	A CONSEGUENCE	. 01 .			
mjory di	ANTECEDENT CAUSES	50 m.,					
DICEACEC		(B)	S A CONSEQUENC	TE OF			
	OR CONDITIONS, if an the abave cause (A) s	tating the	S A CONSEQUENC	OL OI.		_	
UNDERLY	ING CONDITION last.	(C)					
	NIFICANT CONDITIONS CONT		Blead				
V DISEASE O	EATH BUT NOT RELATED TO THE R CONDITION GIVEN IN PART I	(A).	100.0		1 000		A
19A. DATE	OF OPERATION 198. CONDI	TION FOR WHICH OPERATION	20A. AUTOP	SY? (Yes or No	IN CERTIFYING C	E FINDINGS CO AUSES OF DEA	NSIDERED TH?
OR CONT	DENT WAS UNDERLYING   RIBUTING   CAUSE OF offy medical examined	21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.)			(If in Boltim	ore City, give ex	oct locotion)
21 D. TIME		(Hour) 21E. INJURY OCCURRED	21 F. H	OW DID INJ	IURY OCCUR?		
E (APPROX.)		While At Not Will Work At Wor					
22. I cert	rify that (1) (this hospital)	ottended the deceased from	12/1	7	19 [] to	15	19.71
that (I) (	we) lost saw the deceased	olive on 1/15	19 71	ond th	not in (my) (our) o	pinion deoth o	ccurred on the dot
and hour	ond from the causes states	d obave. (1) (We) (did) (did not)	view the body o				
23A. SIGN						23B, DATE SI	GNED
Ob	Kand D.		tending M	Ned.	Staff Phys.	1/1.	5/71
23 C. PHYSI NAM	CIANS E (Type) Dear born	Ziegler, MD	23D. ADDRESS	, H-p	Kin, H	la spotal	
24A. BURIAL	CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C		24D. L	OCATION	City, town, or co	runty) (Stote)
	AL (Specify)	Canh	08	1	Paris	2	m
25A. DATE RE	C'D BY HEALTH DEPT.	58. NAME OF REGISTRAR	270 EUNER	AL DIRECTO	Remex	- 11	ADDRESS
	IAN 21 1071	Be & E. Jaben N.D.	400	1 les	momen	nttal.	ke
-48	7 13/1 Vel	and an among and	July W	var	U OUR MEN	, way	



11)-	3001	BALTIMORE CIT	Y HEALTH DEPARTMENT  ATE OF DEATH  REG. NO. 343356							
2		SIMILITYO.	ATE OF DEATH REG. NO. 0.7 3330							
-	of death Deceased e on the ath. Such	Type or Pant WADE Rulel	2. DATE AND HOUR OF PEATH							
hospital	at b.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY							
hos		FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	md 16-07							
9 5	Se JSe	0.04	C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO							
Pe		48 MOH	1203 N. Longueood St							
00000	erminec regular sased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH  9. AGE (In yeors last birthday)  1. 28-1914  9. AGE (In yeors Manths Days Haurs Min,							
ъ ф	regures regure	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY							
eat	or condeterminated		Beltemou. les A							
_ =	(4) Undet was in the dece	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
N E	G 3 3 4 G	15. Was Doceased Ever in U. S. Armed Forces? (Yes, notes unknown) (if yes, give war or dotes of service)  SECURITY NO.	17. INFORMANT ADDRESS							
<b>DRT</b> A	キネタ 5倍	tres, not of unknown! (If yes, give war or dates of service) SECURITY NO.	Face shell							
IMPORTANT or his assistant	# Cab P	18. CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
E '	Ali	LEADING TO DEATH  IThis does not mean the mode of dying, e.g.,  (A) IMMEDIATE CALL  THE TO DE AS	USE CAT (Hacker by)  A CONSEQUENCE OF:							
R: ner	fractul o prol gular embal	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	A CONSEQUENCE OF:							
O E	o m o	ANTECEDENT CAUSES (B)	rebol artenoden.							
DIRECTOR:	exam (3) A in wh in wh is are	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  (B)  DUE TO, OR AS A CONSEQUENCE OF:								
-	burns; burns; hysicia in was remain									
RAI E	medical / burns; physicie ian was remair	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL SIDISEASE OR CONDITION GIVEN IN PART 1 (A).								
FUNERAL  o chief med	Phe Sic	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION SAME PERFORMED  21A. ACCIDENT WAS UNDERLYING TO 121B. PLACE OF INJURY (e.g., 1).	20A-AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
F oft		On contentation of a second	in or about 21 C. WHERE DID (If In Boltimare City, give exact location)							
i by	hospital nature; ( ppt whe (6) No ined be	OF INITIAL (Manth) (Day) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?							
000	he ho ny nat except and (6	Work At Work	• 🗆							
	+ HO . 0	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased olive an	19 // to							
9	0 8 7 7	and have and from the causes stated above. (1) (We) (did) (did nat) v								
ust	0.0 5 -	23A. SIGNATURE	23B, DATE SIGNED							
8	acci acci t a h or to oval		anding Med. Staff Phys. 23D. ADDRESS							
certificat	y was r 1) An a 3.A. at d prior approv	IVI HOVE I WIT LIFE	men							
i to	Sedy D.O. Sed Sed	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	EMATORY 24D. LOCATION (City, town, or county) (Stote)							
his c	the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C TONERAL DIRECTOR ADDRESS							
F	₹ \$ 5 € \$ F	JAN 21 1971 Jesbert E. Farber, M.D. 1	Clroy @ Helson Ng							
		1	/							



BALTIMORE CITY HE	ALTH DEPARTMENT
71 0606 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH 71 Ococ
BIRTH NC.	REG, NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known Month Day Year Hour
MILDRED BROWN	OF DEATH Estimoted . M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD  1 19 1971 12:15 PM.  5. USUAL RESIDENCE (Where deceased lived, # institution; residence before admission)
Johns Manhine Massited	A STATE B COUNTY PO
Johns Hopkins Hospital  6. SEX 7. RACE 8. MARRIED DAILY MARRIED	Md. 8 - 66
MAKKIED LINEVEK MAKKIED L	C. CITY OR TOWN D. INSIDE CITY LIMITS?
female negro WIDOWED DIVORCED	Balto. YES 🖾 NO 🗌
9. DATE OF BIRTH 10. AGE (In years lost birthdoy)  10. AGE (In years Monihs: Doys: Hours: Min.	E. STREET AND NUMBER 1850 N. Chester St.
II. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
Baltimore mel WHAT COUNTRY?	
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	115, MOTHER'S MAIDEN NAME
done during most of working lile, even lifetired)	alice Leaster
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	IB. INFORMANT ADDRESS
(Yes, no or unknown) (II yes, give wor or doles of service) SECURITY NO.	alice Sought former
19. CAUSE OF DEA	TH APPROXIMATE INTERVAL
7.97.1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AUSE Intracerebral hemorrhage
	AUSE INCLUDED AT INCINOLITIES
heart tailure, osthenlo, étc. It means the diseose, Injury or complication which coused deoth.)	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING  (B) DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	A CONSEQUENCE OF
UNDERLYING CONDITION LAST. (C)	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER PATH BUT NOT BELATED TO THE TERMINAL OTHER DEATH BUT NOT BELATED TO THE TERMINAL	
	s of liver
DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
	yes
UNDERLYING OR CONTRIB.   home, form, loctory, street, office	in or obout 22C. WHERE DID (II in Boltimore City, give exact location) bldg., etc.) INJURY OCCUR?
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E,INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY	WHILE
23.	
I certify that I held an Inquiry Inspection Au	apsy 12 and that on this basis, death in my opinion
resulted fram: Natural couses & Accident Suicid	e Hamicide Undetermined manner
1 121/1	CHIEF MEDICAL EXAMINER
SIGNATURE WILL M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER   1-20-71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify)	Control (State)
1 23-11 11 Will	well pulle mex
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. EUNERAL DIRECTOR ADDRESS
JAN 21 1971 Bert E. Farber, M.D.	BOWLDS 1000 Brantly he
VS 151-REV. 1/1/68	



1 -656	CERTIFICATE OF DEATH TO 1007
BIRTH NC.	CERTIFICATE OF DEATH REG. NO.
I. NAME OF DECEASED	
(Type or Print)	2. DATE Known Month Day Year Hour
David Cramer	DEATH Estimoled L
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF THE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD  1 19 71 9:12 a Month 19 71
St. Agnes Hospital	S. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  A. STATE  B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
MAKKIED MEVER MARRIED	
male white widowed Divorced	Hagerstown YES NO
9. DATE OF BIRTH  9/15/1923  10. AGE (in years   # Under 1 Yr. If Under 24 Hrs. Months: Doys   Hours   Min.	539 Pangbom Blvd.
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME
Mary land WHAT COUNTRY?	David Cromor
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR	Y15. MOTHER'S MAIDEN NAME
done during most of working life, even il retired)	
Plumber Construction Co.	18. INFORMANT ADDRESS A 2 1 PM
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service)  SECURITY NO.	18. INFORMANT ADDRESS 22 PA
Yes WW TT 216-14-520	Mrs Morgaret K. Cramer 40 perstaux M
119. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
LEADING TO DEATH	CAUSE Craniocerebral injury
(This does not mean the mode of dying, e.g., heart loilure, asthenia, etc. it means the disease, injury or complication which caused death.)	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	AS A CONSEQUENCE OF:
F II Runtured	Berry Aneurysm
O HER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	sclerotic_cardiovascular_disease
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED   21. AUTOPSY? (Yes or No)
196 /	yes
22A. EXTERNAL CAUSE WAS 22B.PLACE OF INJURY (e.g., home, form, loctory, street, office	
☐ UTING ☐ CAUSE OF DEATH. Industrial Par	
OF INJURY  (APPROX) 1 10 71 7 0 WHILE AT IN NOT	while   fell approx. 18' to floor
23.	
I certify that I held on Inquiry Inspection Au	topsy X and that on this basis, deoth in my opinion
resulted from Natural couses Accident Suicid	de Hamicide Undetermined monner
1111 1 (2)	CHIEF MEDICAL EXAMINER
ACTUAL SIGNATURE M.D.	DATE SIGNED
EXAMINER'S NAME (Type) Werner U. Spitz M.D.	ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner 1/19/71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specify) Burial 1/22/21 Rose Hill	Cen. Hagerstown Washle Md.
25A. DATE REC'D BY HEALTH DEPT. 25B-NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS OF THE ADDRESS A
VS 151-REV. 1/1/68	William Hilliam from

SELVERY DEFINE SON

25C. FUNERAL DIRECTOR

George A.

**ADDRESS** 

Weber - 705 S. Ann St. #21231

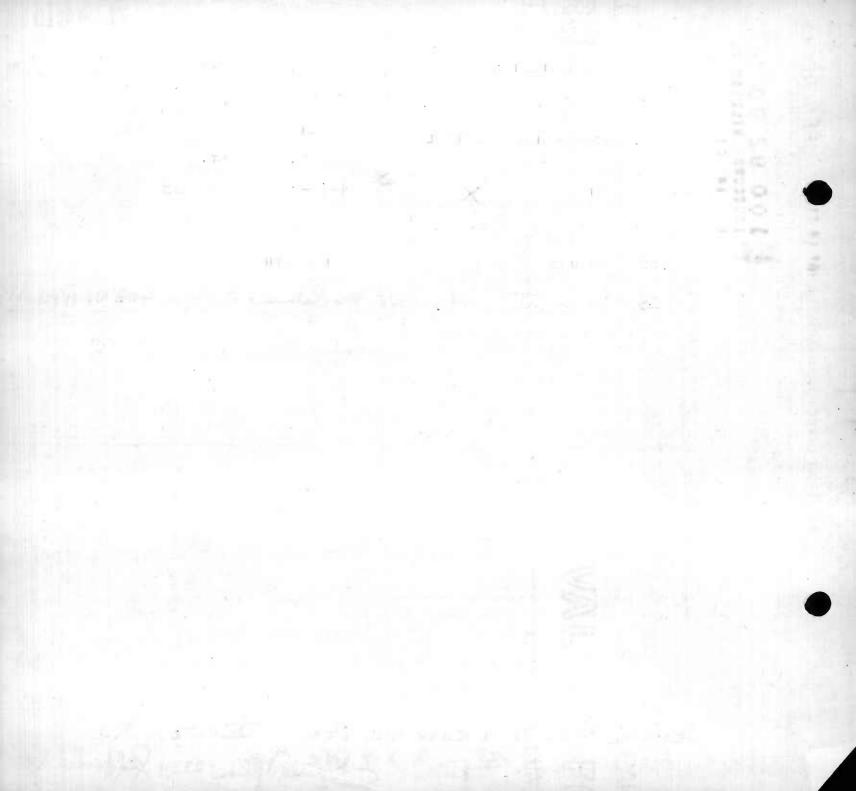
25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

25B, NAME OF REGISTRAR

Varingstone gay-1-1960 4909 planieller St.

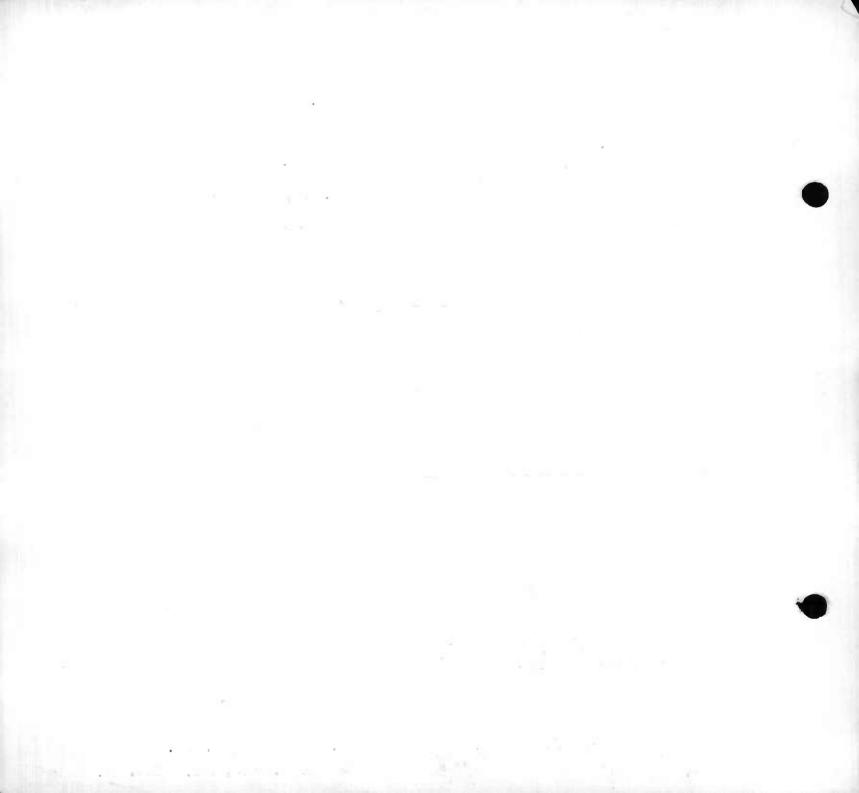
0 3		16	2017			BALTIMORE CITY	HEALTH DEPARTMEN	٩T	1-1-1	0010
120	- 50 65 c	BIR	) 765 H NO.	71 0	610	CERTIFICA	TE OF DEAT	H REG.	NO	0610
3 0	deat deat deat Su		AME OF DECEASED e ar Print)	William	W.	UGOURD	2. DA	1-18-71	DEATH	4:00 P M
2 2	of of	3.	LACE IN BALTIMORE, MA	RYLAND, WHE	RE PRONOUN	CED DEAD	4. USUAL RESIDENCE A. STATE B.		red. Il institution: re	sidence before odmission)
X	hosp ause e: (5) e: (5) pr deq	HC	L NAME OF (IF NO SPITAL OR ADDRE	T IN HOSPITAL SS OR LOCATIO	OR INSTITUTI ON)	ON, GIVE STREET	MARYLAND C. CITY OR TOWN		D. INSIDE CITY LI	6-02 MITS?
Of a	d in cing constitution	3	THE JOHNS	HOPKINS	s Hosp	ITAL	BALTIMOR E. STREET AND NUME 409 N . R	BER	YES 🔀	NO 🗌
7	de de de	5. \$	EX 6. RACE	7.	MADDIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In ye	ars If Under	1 Yr If Under 24 Hrs.
10	Sir Esta	MA	LE WHI		VIDOWED	DIVORCED	1-14-03	lost birthday)	68 Months	Days Hours Min.
7 -	S S S S S S S S S S S S S S S S S S S		USUAL OCCUPATION (Gir				11. BIRTHPLACE (State of	r foreign country)		EN OF WHAT COUNTRY?
.3 00	or de la contraction de la con	1	1	PERATOR	CAN	Có.	MARYL	LUA.		U.S.A.
20 -	de Ct	13.	ATHER'S NAME				14. MOTHER'S MAIDER			
~ =	ire ire h	- North	JOHN BOUG	and the same of th			ELIZABETI	4 SWAGGAR	D	
· A	e d nd,		Vas Deceosed Ever in U., no or unknown) (II yes, give			SECURITY NO.	17. INFORMANT	· R 0	1100	ADDRESS OV.
R C	ssis th kin do do fin		YES W	, W, II	_ 0	18 10 0325		ins B. Por	2p - 404	
POR	s a if any ced		1844 1 2 1 1	DITION DIREC	#1 W	CAUSE OF DEAT	1		8	ETWEEN ONSET AND DEATH
MP	of of of ten		DISEASE OR CON LEADING		ILY	(A)IMMEDIATE CAU	SF Paraza	n and	est 1	10 minut
	o - o - o - o - o - o - o - o - o - o -		(This does not mean the heart failure, asthenia, e				A CONSEQUENCE OF:			
OR O	ine act pr ula mb		injury or complication w		oth.)		Bred	-1.21	21	5 men
S E	d fr		ANTECEDER DISEASES OR CONDI		aiuina	(B)	A CONSEQUENCE OF			
RE Q	exc exc (3) / in w in r		rise to the above UNDERLYING CONDITION	cause (A) sla		(c) 3005A	sclaratio He	of Incase	police &	1924 30 min
00	dical cal ns; icici	-								
A		TION	TO THE DEATH BUT NOT	ELATED TO THE T	ERMINAL					
UNER	a m tody he p sicia	TIFICA	19A. DATE OF OPERATION	198. CONDITI	ON FOR WH	CO CONTRACTOR	20 A. AUTOPSY? (Yes	or No) 208, IF YES, IN CERTIFY	WERE FINDINGS NG CAUSES OF E	CONSIDERED DEATH?
3 5	by by 2) B 2) B phy ore	CER	21 A. ACCIDENT WAS UN OR CONTRIBUTING CA	DERLYING	21 B, PL	ACE OF INJURY (e.g., i	n or obout 21 C. WHERE Difice bldg., INJURY OCCU	OID (II in	Boltimore City, give	
2	tal tal her bef	CAL	DEATH (notify medical exc	miner)	etc.)	form, ractary, street, or	ince biag., INJORT OCC	, K:		
-	spi spi fure (6) W	_	21 D. TIME (Month) (I	Doy) (Year) (H		JURY OCCURRED		D INJURY OCCUR?		
	ho ho ho ho de	>	(APPROX)		While Work	At Work				
	pro the ny exc an		22. I certify that (I) (th	is hospitol) o	ttended the	1-	ansealy /	/ 19 // 10	Ja 4.1.20	197/.
	of of all (all (be);		that (I) (we) last saw t	he deceosed o	live on	Buing	1519/20	nd that in (my) (o	ur) oplnion deot	h occurred an the date
	be ad at at at at		ond hour and fram the	causes stoted	obove. (I) (	We) (did) (did nat) v	iew the body after de	eath.	loop DAT	E SJGNED
	ust ease ider nosp o de		23A. SIGNATURE	+ X	nsa Q	OF MA AHO	nding Med.	Shaff	238, DAI	10/71
	EPST		23C. PHYSICIAN'S	1.491	7 (00-1)	GLOKEL	Director L	Phys.	1/	18/1/
	ertificate ody was r s: (1) An a 5.0.A. at c sed prior		NAME (Type) TH	MES K	(.5m	OCEV, MD	Johns 1	Lepken	- Alter	pole
	dy (S)	244	BURIAL CREMATION, 24	18. DATE	-	LE of CEMETERY OF CRE		4D. LOCATION	(City, town, 6	
	2 × 2 × 4	-	SURIAL	1-22-7		EDAR HILL		AL	10,0	D.
	This certify the body shows: (1) was D.O deceased written a	25A	JAN 21 1971	Juber E	B. NAME OF	RAU D	O O O O	D300 - 2	334 Vel	Jerson &
		2/2	50-PEV 1/1/68		1 00 100		Tarrey	year 7	- 10 A	4



5-43 BIRTH NO.	3 71	0611		TE OF DEA	•	REG. NO	71	0611
1. NAME OF DE	Catherine	3 ,	Slunt	2.	Jan 21	,1971.	1	1:00 A
3. PLACE IN BA	ALTIMORE, MARYLAND,	WHERE PRON			NCE (Where dece B. COUNTY	osed lived. If h		dence before admission
HOSPITAL OR	ADDRESS OR LO	CATION)	TIOHON, GIVE STREET	C. CITY OR TOWN Balti		D. INS	YES X	
00	330 S.Mount	ST.		E. STREET AND N	UMBER Onnt stre	eet		
5. sex Femalle	Caucasian	7- MARRIEI WIDOWE	DIVORCED	6-6-8	9. AGE	(In years thdoy)	II Under I Months D	Yr. If Under 24 Hr oys Hours Min.
done during most of	CUPATION (Give kind of wo f working life, even if retired)	rk 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (SM		ntryl	12. CITIZEN	OF WHAT COUNT
13. FATHER'S NA	ME			14. MOTHER'S MA			ODA	
Late A	ugust Slunt			late Mar	y			
	d Ever in U. S. Armed Fo	orces?	1 6. SOCIAL	17. INFORMANT	U		A	DDRESS
no	7 3 1101 01 00	or actively	SECURITY NO.	Miss Ter	esa Slunt	, 330 S	. Mount	St.
DISEASES inse to the UNDERLYIN	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).							
19A-DATE OF	F OPERATION 198 CON WAS PE	NDITION FOR REFORMED	WHICH OPERATION	20A AUTOPSY? (Yos of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
Z DEATH (notify	NT WAS UNDERLYING [ UTING ] CAUSE OF medical examined	21 ho etc	B. PLACE OF INJURY (e.g., ir me, tarm, foctory, street, office)	or obout 21 C. WHER	E DID	(if In Boltimor	e City, give e	xoct locotion)
21D.TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor)	w	E INJURY OCCURRED  hile AI Not While  At Work		DID INJURY OC	CUR?		
	that (1) (this hospital		the deceased from	8-2-		to		19 <i>ZI</i>
	•		(1) (We) (did (did not) vi			.,, (,,		occorred on the do
23A. SIGNATU	Jann d	1.	1.5	ding Med.	Staff [	]	23B DATE S	IGNED
23C. PHYSICIA NAME (1	Dr. Harry L	Knipp	00/	3D. ADDRESS	ondson Av		o. Md.	21229
24A. BURIAL CRE	MATION, 24B, DATE	24C. N	IAME of CEMETERY of CRE	MATORY	24D. LOCATIO		y, town, or co	ounty) (Stote)
Burial	1/25/7	1 Ne	w Cathedral Cen	eterv	Baltimor	re, Mary	band	
JAN 21			C C C C C C C C C C C C C C C C C C C	25C FUNERAL D	Funeral H			address
S 150-REV. 1/1/	68					710		HUBUIL AVE.

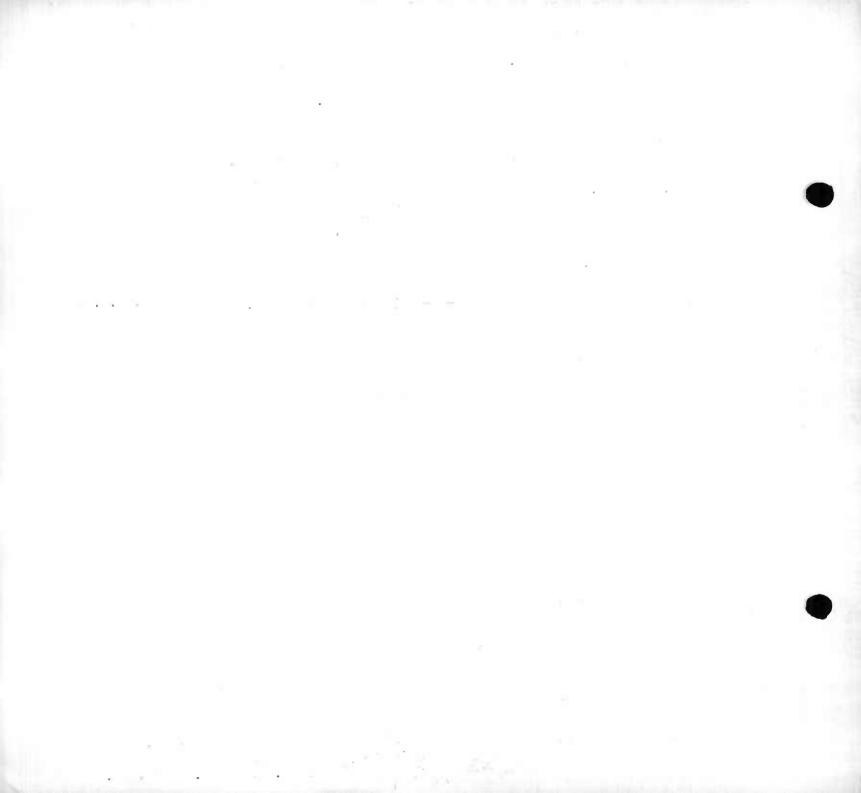
. of Parks, grant of the Control of . 1886 at 18 MF Name of the law country.

K-215	71	0612		TE OF DEATH	REG. NO.	71 0612
1. NAME OF DEC	Dimos	Ko	covinos	2. DATE AN	1 /20/71	1 5 30 0
FULL NAME OF HOSPITAL OR INSTITUTION	IF NOT IN HOSPI ADDRESS OR LOC St.Paul S	TAL OR INSTI	DUNCED DEAD	A. USUAL RESIDENCE (Whe A. STATE B. COUN Md. C. CITY OR TOWN Baltimore E. STREET AND NUMBER		IDE CITY LIMITS?
				3233 St. Par	ul Street	
5. sex Male	White	WIDOWED		Aug. 15,1894	9. AGE (In years lost bithday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done during most of Tailor	UPATION (Give kind of work working life, even if retired)	LIOB, KIND O	F BUSINESS OR INDUSTRY	Greece	gn country)	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NA	Me hn Kocovino	ns.		14. MOTHER'S MAIDEN NAM Maria Pelt		
	Ever in U. S. Armed For (If yes, give wor or dote		16. SOCIAL SECURITY NO. 219-22-7205	Maria Pert		ADDRESS (Same)
DISEASES OF THE PROPERTY OF T	asthenia, etc. it means application which caused ANTECEDENT CAUSES OR CONDITIONS, if a obave cause (A) G CONDITION (ast.	any, giving stating the	(B) O TO	A CONSEQUENCE OF:	= (20051	S & t gro
	H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR OPERATION 198 CON WAS PERI	T 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBU	NT WAS UNDERLYING TING CAUSE OF medical examined	218 hon efc.	LPLACE OF INJURY (e.g., in ne, form, foctory, street, off	n or obout 21 C. WHERE DID ince bidg., INJURY OCCUR?	(If In Boltimor	e Cfty, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED  ile At Not While At Work	21F. HOW DID INJU	JRY OCCUR?	,
	that (1) (this hospital lost saw the decease		1	19 78 ond the	7	20/7/19
1234. SIGNATU	RE	ed above. (		ew the body after death.	Staff  Phys.	238, DATE SIGNED
23C. PHYSICIA NAME (T	Willia	m Renne	2	3D. ADDRESS	St. Paul S	treet
Buria	1/23/7		eek Orthodox	Cem. B	alto. Md.	y, lown, or county) (State)
JAN 2	1 1971 Raber	E, Val	Charles o	25C. FUNERAL DIRECTOR	ick, Inc. Ba	Address lto. Md. 21214



FUNERAL DIRECTOR: IMPORTANT

B-63 BIRTH NO.	5 71	0613	BALTIMORE CITY CERTIFICA	HEALTH DEPARTMENT OF DEAT	. /	71	0613
1. NAME OF DI		ਹ		2. DA	TE AND HOUR OF DEATH	Н	
	AUGUSTA	E •	BORTNET	- , ,	20/71	1.	7:45 P. A
FULL NAME O HOSPITAL OR INSTITUTION	F (IF NOT IN HOSPIT ADDRESS OR LOC		UNCED DEAD	Md.	(Where deceased lived, If SOUNTY Out (	Institution: le	sidence before admission
90	<b>②</b> Edgewood N≀	ursing H	Iome	Baltimore E. STREET AND NUMB 6807 Bellon		YES 🔀	NO 🗌
5. SEX	6. RACE	7					
F.	W.	WIDOWED	NEVER MARRIED DIVORCED	10/2/1889	9. AGE (In years last birthday) 81	II Under Manths	1 Yr. If Under 24 Hrs. Days Haus Min.
Housew		108. KIND O	F BUSINESS OR INDUSTRY	Md.	r laraign countryl		EN OF WHAT COUNTRY
3. FATHER'S NA	AME			14. MOTHER'S MAIDEN	NAME		
	August C. Schm				lizabeth Wagne	er	
Yes, na ar unknow	ed Ever in U. S. Armed Far (n) Uf yes, give war ar date	ces? is af service)	16. SOCIAL SECURITY NO. 213-34-5817	Miss Mildre	d L. Bortner	3200 Cu Wash. E	ለሚያቴያ Drive ).C. 20031
18.4/	7 2 1		CAUSE OF DEAT				APPROXIMATE INTERVAL
	ASE OR CONDITION DI LEADING TO DEATH not mean the mode of			SE A CONSEQUENCE OF:	T FAILURE	BE	3 DAYS
heart failure	, asthenia, etc. It means mplication which caused ANTECEDENT CAUSES	the disease.	CORON	ARY HEARY	DISEASE		YEARS
rise to the	OR CONDITIONS, if the above cause (A) IG CONDITION lost.	any, giving stating the	(c)	A CONSEQUENCE OF:		-	7 - 0 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
V DISEASE OR	II  IFICANT CONDITIONS COINTH BUT NOT RELATED TO THE CONDITION GIVEN IN PART	T 1 (A)		2 VASCULAR	ACCIDENTS -		Years
19A-DATE O	F OPERATION 198. CON WAS PERF	DITION FOR Y	WHICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS O	CONSIDERED E ATH?
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examined	21 B. ham etc.J	PLACE OF INJURY (e.g., in e, farm, foctory, street, of	ar about 21 C. WHERE DI	D (If In Baltima	re City, give	exact lacation)
21 D. TIME OF INJURY (APPROX.)	(Manfil (Day) (Year)		INJURY OCCURRED  Ite At  Nat Wark		INJURY OCCUR?		
	y that (1) (Ms hospite) last saw the decease			4/25 19.71 an		120	19 7/
	d from the causes stat		,			un uvulli	. occurred on the date
23A SIGNAT	OD P S	-00-	Atter	nding [73] Med. [7		23B, DATE	SIGNED
23C. PHYSICI,	AN'S DONALD L.	Somer	DEGREE Phys	3D. ADDRESS 25 W. P.	Shoff Phys	MD	212016
AA. BURIAL CRI	(Specify)	24C. NA	ME at CEMETERY of CRE	MATORY 24		ity, tawn, ar	caunty) (State)
	1/23/71 MAY MEALTH DEPT.	25B NAME O	Greenmount	25C JUNEAL DIREC			ADDRESS
\$ 150-REV. 1/1	Call Call Call Call	Harmer	<u> </u>	Leonard J.	Ruck Inc. Ba	lto. M	d.

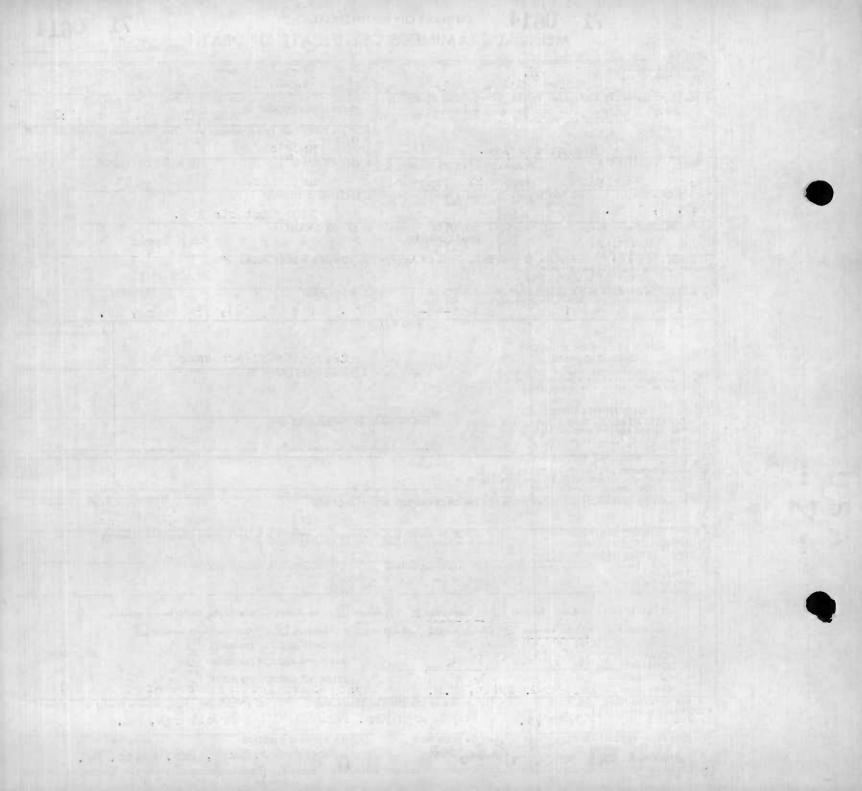


S-160 '71 0614 BALTIMORE CITY HEALTH DEPARTMENT

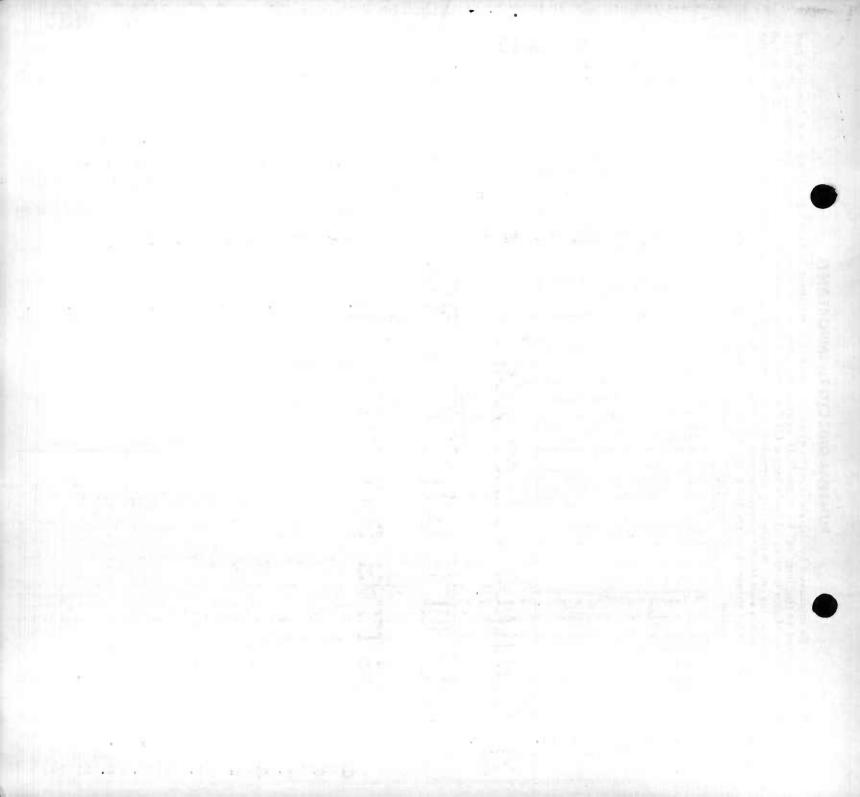
71 0614

002-			
MEDICAL	EXAMINER'S	CERTIFICATE OF	DEATH REG. NO.

		WED	ICAL	EXAMINER'S	CERTIFI	CATE OF	DEAT	H REG NO		
BIRTH NO.										
1. NAME OF (Type or Print)			I		2. DATE	Known 2	Month	Day	Year	Hour
	A			ex Speir	DEATH	Estimoted				М.
				RONOUNCED DEAD	3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour
HOSPITAL OR INSTITUTIO	ADDRE	SS OR LOCA	LORINS	TITUTION, GIVE STREET		ESIDENCE (Where	1	19	71	12:35 P <sub>M.</sub>
00		Wister	ia A	ve.	A. STATE	Maryland	Dece Gsed II	B. COUNTY	residence t	7. 44
6. SEX	7. RACE		B. MARE	RIED NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
male	white			VED XX DIVORCED		Baltimore		VE	s 🕮	No 🗆
9. DATE OF		10. AGE (In	yeors	If Under 1 Yr. If Under 24 Hrs.	E. STREET	ND NUMBER		1	3 🗀	NOL
Oct. 3:	1888.	lost birthdoy	82	Months Doys Hours Min.		3109 Wist	eria	Ave.		
II. BIRTHPLAG	CE (State or lareig	n country)	02	12. CITIZEN OF	13. FATHER		.CIIu ,			
	Maryland			WHAT COUNTRY?			H	ugh Spei	r	
14A USUAL OF		kind of work	4B. KINI	OF BUSINESS OR INDUSTR	VIIS MOTHE	P'S MAIDEN NAS				
done during mo:	st of working life, eve	en if retired)		) Of 203111233 OK 1112031K	The Monte	N J MAIDER IVAN		arie Nul	1	
	ired Art			117 60 6141	10 101500	4410	414			
(Yes, no or unkn	EASED EVER IN I			SECURITY NO.	18. INFOR				DRESS	
Yes	W	N 1		216-46-6596	Mrs. L	ouise Spat	tes, F	rostburg		
19.	15 XI			CAUSE OF DEA	TH					PROXIMATE INTERVAL
DIS	EASE OR COND	ITION DIREC	TLY							
	LEADING TO	DEATH		(A)IMMEDIATE (	CAUSE Car	cinoma of	prost	ate		
(This do	es not meon the ilure, osthenio, etc.	mode of dyi	ng, e.g.,	DUE TO, OR	AS A CONSEC	UENCE OF:				
intury o	r complication which	h coused deo	th.)							
	ANTECEDENT	CAUSES		(0)					W. H	
DISEAS	ES OR CONDITION		GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDER	THE ABOVE CALLYING CONDITION	JSE (A) STAT ON LAST.	ING THE							
8				(c)						
CERTIFICATION OF THE CONTRACT	SIGNIFICANT CON	II	NTDIRLL	TING						
O THE	DEATH BUT NOT	RELATED TO	THE TERM	INAL						
20A DAT	E OF OPERATION			FOR WHICH OPERATION W	AC DEDECORA	ED			IN AUTO	ncva /Vec es Ne
O DAI	L OF OFERALION	200. CON	DIIION	FOR WHICH OPERATION W	AS PERFORM	IEU				PSY? (Yes or No)
-0		1							no	
UNDERLY	TERNAL CAUSE TING OR CONT CAUSE OF DEAT	TRIB-		22B. PLACE OF INJURY (e.g., home, farm, foctory, street, office	in or obout 2 e bldg., etc.)	VIURY OCCUR?	ll in Boltimo	re City, give exo	ct location)	
≥ 22D. TIM	E (Month) (D	oy) (Yeor	(Hou	r) 22E.INJURY OCCURRED	2	2F. HOW DID INJ	URY OCC	UR?		
OF INJUR					WHILE					
23.				m. WORK L AT V	VORK []					
1	certify that I he	eld an fr	igulry [	Inspection X Au	topsy	ond that on th	is basis,	deoth in my	poinion	
	sulted from: N	oturol cau	- V	Accident Suicie	IA TH	micide U	Indetermi	ned monner	7	
	// 1	4.0	- /			CHIEF MEDICAL E			_	
ACT	UAL //	1195111	1/1/	74		- Control of the Cont		H		DATE SIGNED
	NATURE	0 100	X V	M.E	).	STANT MEDICAL E				
	MINER'S ME (Type) W	erner 1	J. Sp	oitz, M.D.		Chief Med	XAMINER ical E	L xaminer	1	/19/71
24A. BURIAL	CREMATION, 2	4B. DATE		24C. NAME of CEMETERY			OCATION		or county)	(Stote)
REMOVAL (S		1/22/7		Frostburgh M				tburgh,		
25A. DATE RE	C'D BY HEALTH	DEPL	25B. N	AME OF REGISTRAR		UNERAL DIRECTO			DDRESS	
JAN	12T 131	المحطان	EN	larber, 1200	OOL	eonard J	Ruck,	Inc. Ba	ito. I	Id.
VS 151-REV. 1	/1/68									



4 120 BALTIMORE CI	TY HEALTH DEPARTMENT
CERTIFIC	ATE OF DEATH REG. NO
BIXII 140.	ATE OF DEATH
IType or Print)	2. DATE AND HOUR OF DEATH
HOLT. Oliver E.	1-20-71 1 1025 4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	mp 26-33
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
INSTITUTION.	
	De to YES X NO
David hall Managal la	E. STREET AND NUMBER 3031 Chesterfield Avenue
Jouth DATO Heneral 1900.	MAKKARAKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKKK
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE IIn years   Il Under 1 Yr. If Under 24 Hrs.
MIDOWED X DIVORCED	2-17-87 Cost brighdoy) Months Days Maurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUST	RT 11. BIRTHPLACE IState or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Manufand USA
Occordence Retired Florist	Maryland
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
. Holt	SARAH & Smith
15. Was Deceased Ever in U. S. Armed Forces?	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	A Mr. Norman A. Holt, 3030 Liberty Hgts. Ave.
18. CAUSE OF DEA	
	A STRUCTURE OF THE PROPERTY OF
DISEASE OR CONDITION DIRECTLY	0070 et 2°+3° lown. BETWEEN ONSET AND DEATH
LEADING TO DEATH	ALISE
I true goes not ulegit me mode of chiud' e'd" / 51: Ulle to OB v	S A CONSEQUENCE OF:
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
ANTECEDENT CAUSES	neumonice
DISEASES OR CONDITIONS, if any, giving DUE TOU OR	S A CONSEQUENCE OF:
rise to the above cause (A) staling the	
UNDERLYING CONDITION lost.	***************************************
11 0//4"	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OLISASE OR CONDITION GIVEN IN PART 1 (A)	
	120A. AUTORETS (Ver of New 20R IE VEC WESE EMPINIOS CONSUDERED
19A DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A ACCIDENT WAS UNDERLYING 2 1218 PLACE OF INTURY IS O	in or obout 21 C. WHERE DID (If In Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street	office bldg., INJURY OCCUR?
DEATH (notify medical examined)	N. 1 5 9 . 111 VI 23-02
21D. TIME IMonth! (Day) (Year) (Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
IAPPROX.) /-/3-7/A Work At Work	smely in less.
22. I certify that all (this hospital) attended the deceased from	1-13 19 7(10 1-70 19 71
22. I certify that () (this hospital) attended the deceased from	19 7 ond that In(my) (Sur) opinion death occurred on the date
22. I certify that (I) (this hospital) strended the deceased from	19 7 ond that In(my) (Sur) opinion death occurred on the date view the body ofter death.
22. I certify that (this hospital) strended the deceased from that (I) (we) last sow the deceased alive on ond hour and from the causes stated above. (I) (We) (did) (did not)	19 Z(to /- 20 19 Z/ 19 Z(ond that In(my) (Sur) Oplinfon death occurred on the date view the body after death.  238 DATE SIGNED
22. I certify that (this hospital) strended the deceased from that (I) (we) last sow the deceased alive on ond hour and from the couses stated above. (I) (We) (did) (did not)	19 Z to 19 Z 19
22. I certify that II (this hospital) strended the deceased from that (I) (we) last sow the deceased alive on ond hour and from the couses stated above. (I) (We) (did) (did not)  23A. SIGNATURE  DEGREE  A PI  23C. PHYSICIAN'S	19 Z to 19 Z 19
22. I certify that II (this hospital) attended the deceased from that (I) (we) last sow the deceased above on ond hour and from the causes stated above. (I) (We) (did) (did not)  23A. SIGNATURE  DEGREE  PI	19 7 to 70 19 7 19 7 19 7 19 7 19 7 19 7 19 7 1
22. I certify that II (this hospital) strended the deceased from that (I) (we) last sow the deceased alive on ond hour and from the couses stated above. (I) (We) (did) (did not)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	19 Z to
22. I certify that II (this hospital) strended the deceased from that (I) (we) last sow the deceased alive on ond hour and from the couses stated above. (I) (We) (did) (did not)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	19 Z to
22. I certify that III (this hospital) strended the deceased from	19 Z to
22. I certify that II (this hospital) strended the deceased from that (I) (we) last sow the deceased alive on ond hour and from the couses stated above. (I) (We) (did) (did not)  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CEMETER	19 7 ond that In(my) (our) opinion death occurred on the date view the body ofter death.  tending Med. Stoff Phys. 1 1/20/71.  23B. DATE SIGNED 1/20/71.  23D. ADDRESS  EXAMPLE 1 1/20/71.  24D. LOCATION   City, town, or county)   (State)  REMATORT   24D. LOCATION   Baltimore, Md.
22. I certify that II (this hospital) attended the deceased from	19 7 ond that In(my) (our) opinion death occurred on the date view the body ofter death.  19 7 ond that In(my) (our) opinion death occurred on the date view the body ofter death.  23& DATE SIGNED 1/20/71.  23D. ADDRESS  24D. LOCATION   City, town, or county) (State) etery  Baltimore, Md.  25C. FUNERAL DIRECTOR ADDRESS
22. I certify that II (this hospital) strended the deceased from that (I) (we) last sow the deceased alive on ond hour and from the couses stoted above. (I) (We) (did) (did not) 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  124A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of	19 7 ond that In(my) (our) opinion death occurred on the date view the body ofter death.  tending Med. Staff Phys. A 1/20/71.    23B. DATE SIGNED   1/20/71.   23D. ADDRESS   1/20/71.   24D. LOCATION   1City, town, or county)   (State)   Etery   Baltimore, Md.



IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

12:20

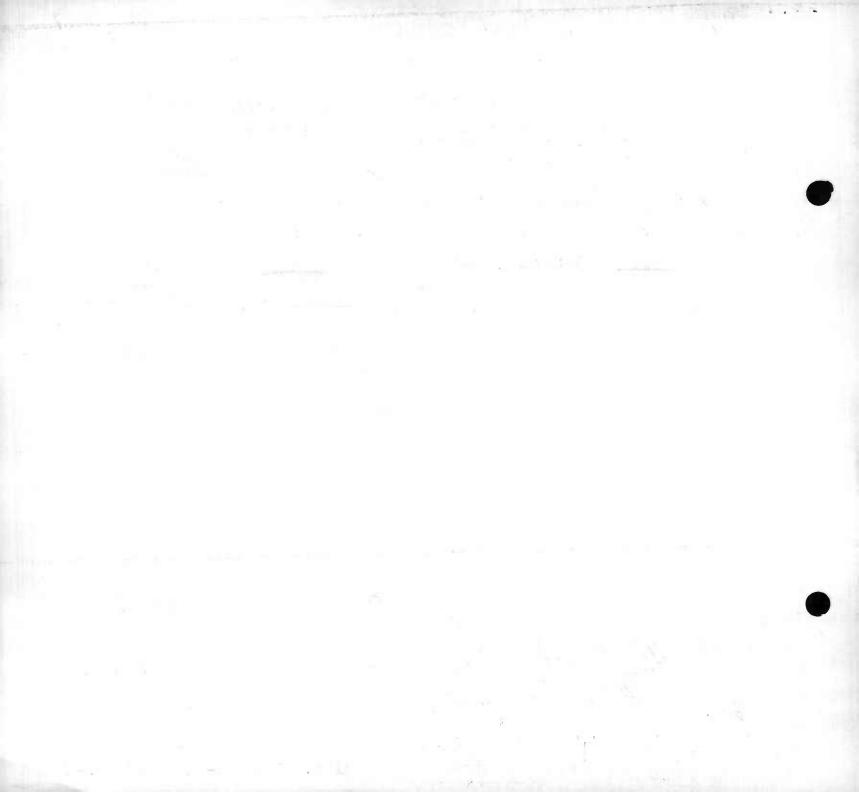
NOF

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2013

STATE OF THE PARTY OF THE PARTY

BIRTH NO.	71 0617.		TE OF DEATH	REG. NO	71 0617
1. NAME OF DECEASED (Typo or Print)  MATILD	A AUCK			ND HOUR OF DEATH	0.00 411
3. PLACE IN BALTIMORE MARYL		NCED DEAD	4. USUAL RESIDENCE (Whe	ero deceased lived. If in	2:00 AM M. stitution: residence before admission
	HOSPITAL OR INSTITU		Md. Carr	oll County	56-00
Granada	Nursing HO	me	Westministe		YES NO K
Balto.,	erty Heigh Md. 2120		E. STREET AND NUMBER Rt. 5, Box		NO E
5. SEX 6. RACE bemale white	WIDOWED	4	8. DATE OF BIRTH	9. AGE (In yeors lost birthday) 76	II Under 1 Yr. II Under 24 Hrs. Manths: Doys Hours Min.
10A. USUAL OCCUPATION (Give kir done during most of working life, even if	d of work 10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Slate or fare	ign countryl	12. CITIZEN OF WHAT COUNTRY
unknown	unkno	wn	Maryland		11 0 1
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	I U.S.A.
- CONTROL CO	ristian J. A	uck	- with nown	Man	igaret Werner
15. Was Deceased Ever in U. S. Ar (Yes, no ar unknown) (If yes, give wa	med Farces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no		218-52-2469	unknown- In	s. Margaret	Bell 3003 Lavender
DISEASE OR CONDITION LEADING TO IT LEADING CONDITION Which ANTECEDENT CO DISEASES OR CONDITION IT DISEASES OR CONDITION IT LEADING CONDITION IT DISEASE OR CONDITION GIVEN TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVEN LEADING TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION GIVEN LEADING TO THE DEATH BUT NOT RELAT LISEASE OR CONDITION GIVEN LEADING TO THE DEATH BUT NOT RELAT LISEASE OR CONDITION GIVEN LEADING TO THE DEATH BUT NOT RELAT LISEASE OR CONDITION GIVEN LEADING TO THE DEATH BUT NOT RELAT LISEASE OR CONDITION GIVEN LEADING TO THE DEATH BUT NOT RELAT LISEASE OR CONDITION GIVEN LEADING TO THE DEATH BUT NOT RELAT LISEASE OR CONDITION GIVEN LEADING TO THE DEATH BUT NOT RELAT LISEASE OR CONDITION GIVEN LEADING TO THE DEATH BUT NOT RELAT LISEASE OR CONDITION GIVEN LEADING TO THE DEATH BUT NOT RELAT LISEASE OR CONDITION GIVEN LEADING TO THE DEATH BUT NOT RELAT LISEASE OR CONDITION GIVEN LEADING TO THE DEATH BUT NOT RELAT LISEASE OR CONDITION GIVEN LEADING TO THE DEATH BUT NOT RELAT LISEASE OR CONDITION GIVEN LEADING TO THE DEATH BUT NOT RELAT LISEASE OR CONDITION GIVEN LISEASE OR CONDITION GIVEN LEADING TO THE DEATH BUT NOT RELAT LISEASE OR CONDITION GIVEN LEADING TO THE DEATH BUT NOT RELAT LISEASE OR CONDITION GIVEN LEADING TO THE DEATH BUT NOT RELAT LISEASE OR CONDITION GIVEN LISEASE OR CONDITION	DEATH  ode of dying, e.g.,  meons the disease,  caused death.1  AUSES  S, if any, giving  e IA) stoling the  ost.  NS CONTRIBUTING  ED TO THE TERMINAL  IN PART I (A),  B. CONDITION FOR WI  AS PERFORMED	(B)	A CONSEQUENCE OF:  20A. AUTOPSY? (Yes at No	IN CERTIFFING CAU	INDINGS CONSIDERED
21D-TIME (Manth) (Day) OF INJURY	etc.)	NJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
(APPROX.)	Work	At Work			
22. I certify that (1) (this hat that (1) (we) last sow the de					lan death accurred an the date
and haur and from the cause	s stated above. (1)	(We) (did) (did nat) vi			
23A. SIGNATURE	She h	Atten Phys.		Staff Phys.	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	DEUNAL	INE 23	1801 Crain	Your Rd	2120-
4A. BURIAL CREMATION. 24B. D. REMOVAL (Specify)	ATE 24C. NAM	NE at CEMETERY OF CREA	MATORY 24D. LC	CATION City	. tawn, ar caunty) (State)
Burial 1-1 JAN 21 1971 06	9-71 Ba Bert E. Jaber	ltimore (emet	25c. FUNERAL DIRECTOR	Baltipore, Mo n Inc-6415 E	ryland  ADDRESS  Belair Rd21206



0618 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO I. NAME OF DECEASED 2. DATE Known K Day Manth Year Hour (Type or Print) OF Jennie Sullivan Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Yeor Hour PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 19 9:15 a HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If Institution: residence before admission) A. STATE B. COUNTY. Baltimore Sinai Hospital Maryland 6. SEX 7. RACE C. CITY OR TOWN 8. MARRIED NEVER MARRIED D. INSIDE CITY LIMITS? WIDOWED . female white DIVORCED . Garrison NO X YES \_\_ 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. if Under 24 Hrs. E. STREET AND NUMBER Months, Doys, Hours, Min. iast birthday) Reisterstown Rd. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? Maryland Alvin Eugene Shaeffer 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of working life, even if retired) Lillia Belle Leister Housewife 17. SOCIAL SECURITY NO. 219-34-6992 16. WAS DECEASED EVER IN U.S. ARMED FORCES? IB. INFORMANT Peisterstown (Yes, na or unknawn)(If yes, give war or doles of service) No John H. Sullivan Garrison. Md. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE Barbiturate overdose (This does not mean the made of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart failure, asthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). 11 CERTIFICAT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. **EXTERNAL CAUSE WAS** 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (if in Baltimore City, give exact location) hame, farm, factory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING MOR CONTRIBhome UTING CAUSE OF DEATH Garrison, Md. 22D. TIME (Month) (Doy) (Yeor) (Haur) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY NOT WHILE WHILE AT (APPROX.) 1:37 a.m ingested overdose of sleeping pills WORK 23.

Inspection

Accident

258, NAME OF REGISTRAR

Werner U. Spitz, M.D.

Autopsy X

Homicide |

25C. FUNERAL DIRECTOR

Jan. 22.1971 Stone Chapel Cemetery Pikesville, Maryland

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

Deputy Chief Medical Examiner

Suicide K

M.D.

24C. NAME of CEMETERY or CREMATORY

ond that on this basis, death in my opinion

Undetermined monner

24D. LOCATION (City, town, or county)

ADDRESS
Owings Mills. Md.

DATE SIGNED

I certify that I held on Inquiry

resulted from Notural couses

ACTUAL

24A, BURIAL CREMATION.

REMOVAL (Specify)
Burial

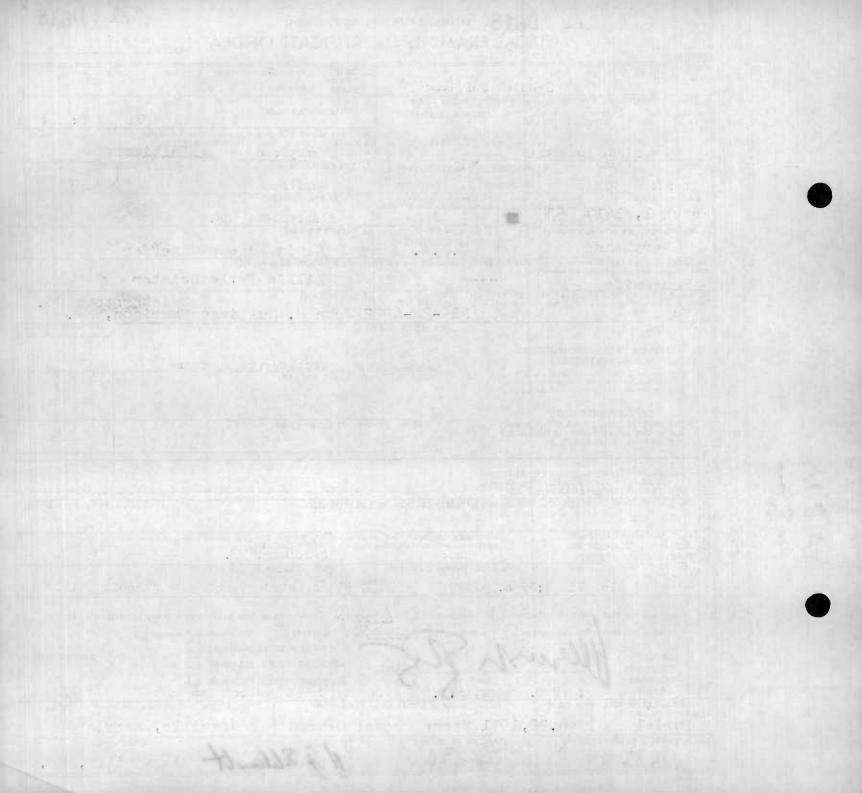
VS 151-REV. 7/1/68

SIGNATURE

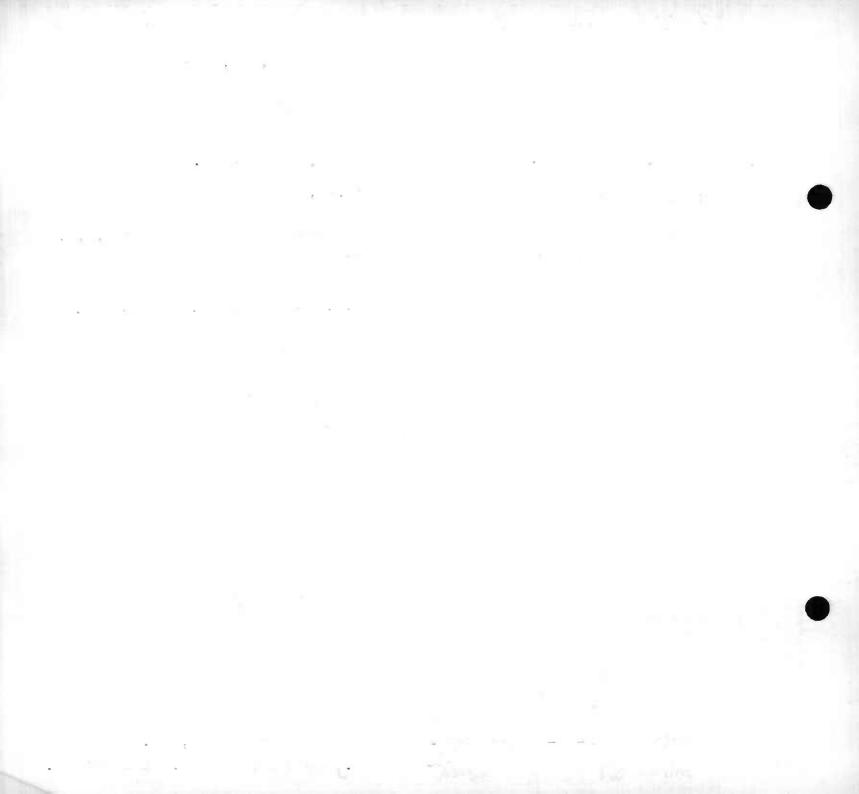
**EXAMINER'S** 

NAME (Type)

25A. DATE REC'D BY HEALTH-DEPT.



_	K-235	71	0619		Y HEALTH DEPARTMENT	REG. NO	71	0619					
	NAME OF DECEASED (pe or Print)		erine Ke	estner	Jan.	NO HOUR OF DEATH							
3.	PLACE IN BALTIMOR				4. USUAL RESIDENCE (Wh	ere deceased lived. It is		dence before admissia					
H	JLL NAME OF (I	F NOT IN HOS	PITAL OR INSTITUTE	TUTION, GIVE STREET	Maryland C. CITY OR TOWN	NIT		-10					
١.					Baltimore E. STREET AND NUMBER		YES 🔀	№ □					
(	110 N. Cl	inton S	St.		110 N. Clin	ton St.							
F		hite	WIDOWED		8. DATE OF BIRTH Mar. 24, 1882	9. AGE (In years tost birthday)	If Under 1 Months De	Yr. If Under 24 Hays Min.					
dar	N. USUAL OCCUPATION of working Housewife	tile, even if relired	ark 10B, KIND O	F BUSINESS OR INDUSTR	Maryland	eign country)		OF WHAT COUNTI					
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME		U.S.A.					
(Ye	Wes Deceesed Ever in s, no or unknown) (If yes	U. S. Armed f	orces? otes of service)	SECURITY NO.	17. INFORMANT			DDRESS					
1	18, /// G			CAUSE OF DEAT	Mr.C.Kestner	110 N. Cl	inton	St.					
ATION	DISEASES OR CO rise to the about UNDERLYING CON OTHER SIGNIFICANT TO THE DEATH BUT	ve cause (A DITION last	any, giving ) stating the  ONTRIBUTING THE TERMINAL	(B) DUE TO, OR AS	A CONSEQUENCE OF:	7.14:							
RTIFIC,	DISEASE OR CONDITION OF OPERA	TION 198. CO	ART 1 (A). NOTION FOR VERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or N	O) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CO USES OF DEA	ONSIDERED ATH?					
CAL CE	21A. ACCIDENT WA OR CONTRIBUTINO DEATH (notify medical	S UNDERLYING CAUSE OF exomined	218, hom etc.J	e, torm, toctory, street, a	n or about 21 C. WHERE DID	(If in Boltimar	e City, give ex	xact focation)					
MEDI	21D.TIME (Mont OF INJURY (APPROX.)	) (Day) (Year		INJURY OCCURRED  ILLE At OCCURRED  Not Work	21F. HOW DID IN	URY OCCUR?							
	22. I certify that (I that (I) (we) last s				7 19 70 and th	19 /O_ta_	1 / 1 8	19 /					
	•				lew the body after death.	,, (ob., op.,	death o	ccorred on the da					
	23A. SIGNATURE	J.H.	Zanden	Dhu	nding Med.	Staff Phys.	23B, DATE SI	9/7/					
		J-H (	Foodn		23D. ADDRESS	- Histen	Phys. Director Phys.						
							ru /	They was					
24A	REMOVAL (Specify)		24C. NA	ME of CEMETERY of CRI			y, lawn, ar ca	punty) (Stotel					
	Burial CREMATION REMOVAL (Specify) Burial DATE RECO BY HE	1-21-	24C. NA	rkwood Ceme		ltimore, M	ld.						



IMPORTANT

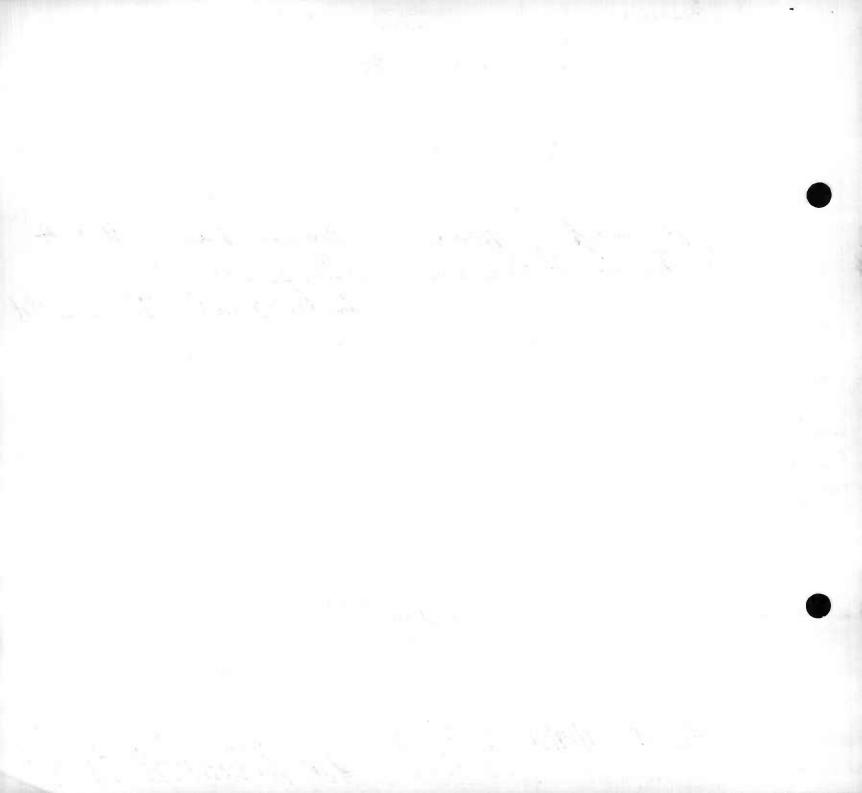
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

9 1 A CAMPAGE AND A

B-cda		BALTIMORE CITY	HEALTH DEPARTMENT					
0-690	71 06	ON CERTIFICA	TE OF DEATH	REG. NO	71 0021			
BIRTH NO.	11 0	)&1						
(Type or Print)	RILL G	ENEVIEVE 2	2. DATE AN	HOUR OF DEATH	1 2.30 p.			
3. PLACE IN BALTIMORE,		- /	4. USUAL RESIDENCE (When	e deceased lived. Il ins	titution: residence before admission			
FULL NAME OF (IF I HOSPITAL OR ADI	NOT IN HOSPITAL OR I	NSTITUTION, GIVE STREET	MARYLAND	. Bult	la 53-00			
1/2			BALTIMOR		YES NO X			
TSINAI HO	SPITAL	OF BALTO-	E. STREET AND NUMBER	0.1	RANDA LLStou			
5. SEX 6. RACE	ω VIDO	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yr. Il Under 24 Hrs. Manths Doys Hours Min.			
IDA. USUAL OCCUPATION	(Give kind of work 10B, KIN	D OF BUSINESS OR INDUSTRY	- / 1 0 / 0 / 1	gn country!	12. CITIZEN OF WHAT COUNTRY			
done during most of working life	, even if retired	16me	mann	Va	U.S.A.			
AT SPANE	1101		14. MOTHER'S MAIDEN NAM	KE /	?			
S. Was Deceased Ever in t Yes, no or unknown! (If yes,	. S. Armed Farces? give war at dates of sen	icel 16. SOCIAL SECURITY NO.	17. INFORMANT	2 00 8	610 ADDRESS D			
			Jesler 2	ull.	Lucerne 10			
18. / 7 Et X	1	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	ONDITION DIRECTLY		C.	0				
(This does not mean	the made at dving.	(A) IMMEDIATE CAU		BREAST	2 years.			
heart failure, asthenia,	elc. It means the dis-	POSE TO, OR AS A	CONSEQUENCE OF:	T 25.2 A T	,			
	ENT CAUSES		10	7				
		(8)	LUNGS, LIVE	R, KONES	etc			
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the							
UNDERLYING CONDITION last. (C)								
	II							
OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION	NOTIONS CONTRIBUTE T RELATED TO THE TERMI	NAL		************************				
19A. DATE OF OPERATI	ON 198 CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSY? (Yes ar No)	208, IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?			
OR CONTRIBUTING DEATH (natify medical	INDERLYING DE LAUSE OF LIXORNING	21 B. PLACE OF INJURY (e.g., in hame, farm, factory, streat, off etc.)	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct lacotion)			
21 D. TIME (Month)	(Doy) (Yeor) (Haur)	21E INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?				
(APPROX.)		While At Work At Work						
22. 1 certify that (1)	this hospital) attenc	led the deceased from	115/ 19	9 7 1 to 1	/16 1071			
that (1) (we) last saw	the deceased alive	on 1/16/DAM	19and the		an death accurred on the date			
	e causes stated abov	re. (1) (We) (dld) (dld not) vl	ew the body ofter death.					
23A. SIGNATURE	etsag	M I>- Atten	ding Med. S	Staff FZT	NATE SIGNED			
23C. PHYSICIAN'S		GEGREE Phys.	Director P	hys.	1/16/11			
NAME (Typel		PETSAS M.D.		PITAL OF	BALTIMORE.			
AA BURIAL CREMATION,		C. NAME of CEMETERY OF CRE			tawn, or countyl (Stote)			
Burral	1/19/71	Beth El	Ka	udellal	vyr mel.			
IN A O T	- 7.5	L. Faber A.D.	25C FUNERAL DIRECTOR	6010 Per.	fersters Rd			
JANAL	JUST 1800 C	- Autori, and	How fee	-wiser 11	surg dre			



VS 150-REV. 1/1/68

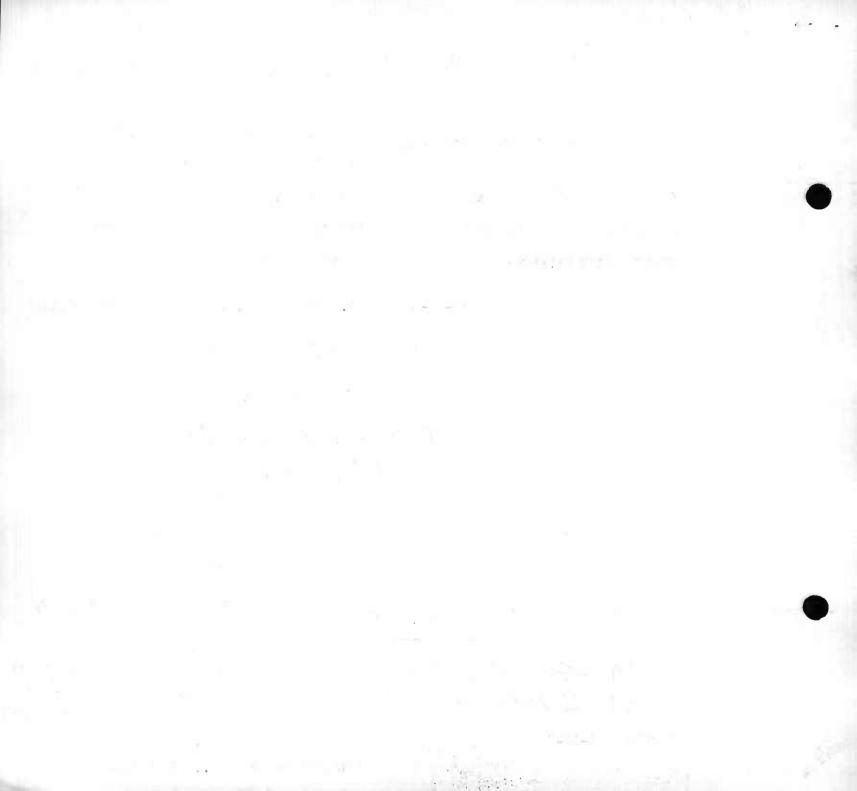


IMPORTANT

DIRECTOR:

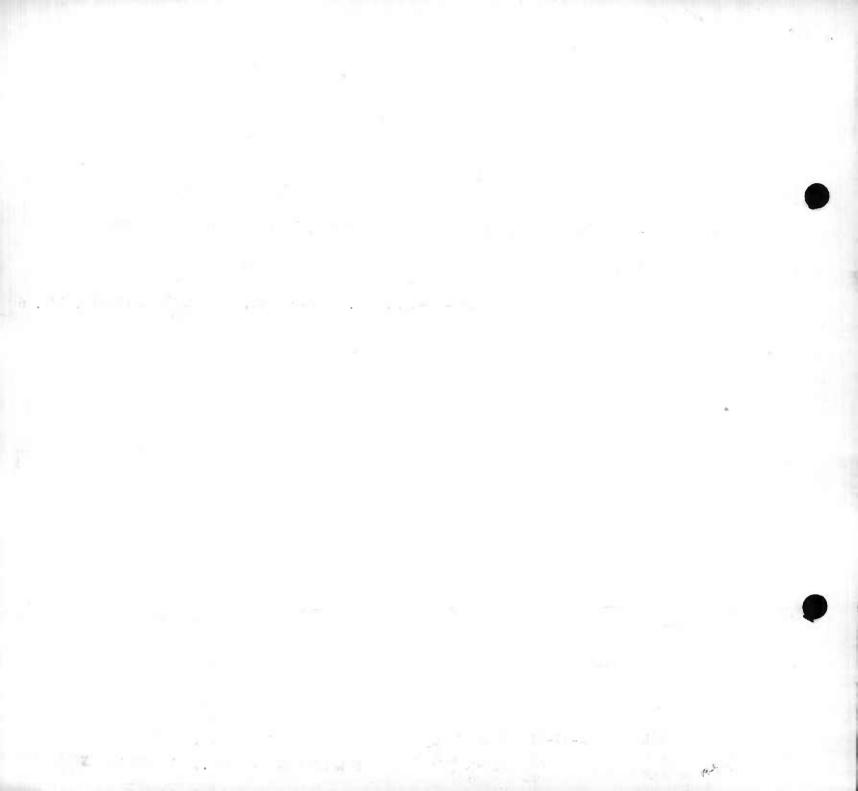
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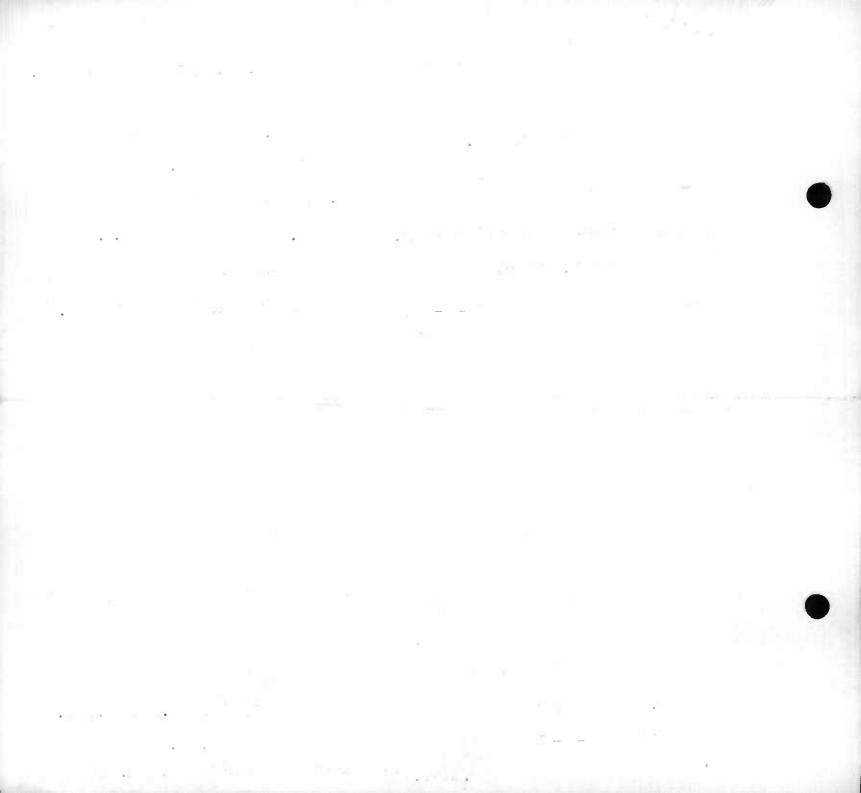


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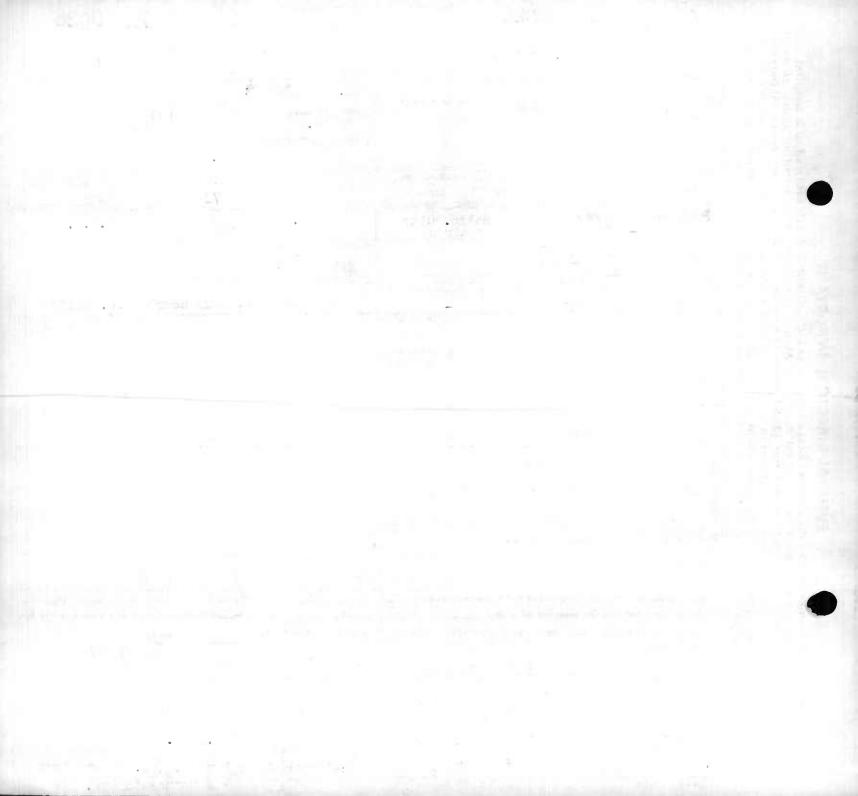
1	1 1 - 20()	ATE OF DEATH X REG. NO. 71 0624				
2 + 0 + d		ATE OF DEATH REG. NO.				
de d	I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH				
+ + 0 +	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	1-14-7/ 7.50 a, m M.  4. USUAL RESIDENCE IWhere deceased lived. If institution: residence before admission				
hosp Jse (5) [ ance dea	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	A. STATE B. COUNTY  MARYCAN D  C. CITY OR TOWN  D. INSIDE CITY LIMITS?				
Se;	SIND HOSPITAL OF BOLTINORE	7 16				
in ing	STORY THOSPITAL OF PACHLUBEE	E. STREET AND NUMBER				
	42	31.03 MARNAT RD. 21208				
	S. SEX  6. RACE  7. MARRIED NEVER MARRIED  WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (in years If Under 1 Yr. Il Under 24 Hrs. Months; Days Hours; Min.				
on on re- re- re- re- si is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	MARALANA 76 MA				
B L 0	ARCHITECT-ENGINEER BUILDING	BOSTON, MASSACHUSETTS 12. CITIZEN OF WHAT COUNTRY?				
ificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease. A. at a hospital (except where the physician who pronounced death was in regular attendance on the prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc	13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME				
E E-	JACOB KATZ	RACHAEL ?				
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) Of yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS				
his ass iso, if t of any unced tendan	212-03-4035 [18. 44	MR. GERALD KATZ, 3 STONEHENGE CIRCLE, APT. 6				
	DISEASE OF CONDITION DIRECTLY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
- 00 - 0	181suns no saliani	USE VENTRICULAR FIBRILLATION SECONDS				
2.30.0	(A)MMEDIATE CA  (This does not meen the mode of dying, e.g., heort failure, osthenio, etc., it meens the disease, injury or complication which coused death.)	A CONSEQUENCE OF:				
EEBE	ANTECEDENT CAUCES	60004404 144 004 1/040				
Wh Wh	DISEASES OR CONDITIONS, if ony, giving  (8) ACCUTE DUE TO, OR A	S A CONSEQUENCE OF:				
- A M	rise to the obove couse IA) stoting the UNDERLYING CONDITION tast. (c) ATHERE	ESCLEROTIC CARDIOUSG CULBED YEARS				
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	SEACE				
m y b b b b b b b b b b b b b b b b b b	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
Bod Bod	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
	Contratorior Contratorio Contratori Contratorio Contratorio Contratorio Contratorio Contratorio Contratorio Contratori	In or about 21 C. WHERE DID (II In Baltimore City, give exact location)  ffice bldg., [INJURY OCCUR?				
Para San	[8]					
hos nations de (6 dine	21D. TIME (Month) (Doy) (Year) (Houd) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work					
	22. I certify that (1) (this hospital) attended the deceased fram.	////> 19 <u>//4</u> 19 7/				
of o	that (I) (we) lost saw the deceased office on	19 7 ond that In(my) (our) opinion death occurred on the date				
sed sed pit pit ust	ond hour and from the causes stated abave. (I) (We) (did) (did nat) v					
nus cidea cidea hos do d	( Sulfair up Ath	anding Med. Staff Phys. 1238. DATE SIGNED				
	22C BUYELCIANES	23D. ADDRESS  Med. Staff Phys. D /-/4-7 )				
Wa An	FRANKLIN WEINSTEIN MD	SINDI HOSPITAL				
E COBE	24A- SURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY OF CR					
This cert the body shows: () was D.O decease written o	BURIAL 1-17-71 BETH TFILOH	BALTIMORE, MARYLAND				
This the bashow was decement	JAN 21 197 July 256 MAN & PREGRAM ()	SOU LEVINSON & BROS., 6010 REISTERS TOWN XROAD				



)				BALTIMORE CIT	Y HEALTH DEPARTMENT			
BIRTH NO		71	06%	5 E	TE OF DEATH	REG. NO	71 (	0625
(Type or	OF DECEASI		D		2. DATE	ND HOUR OF DEATH	1	
3. PLACE	IN BALTIMO	ORE MARYLAND, 1	WHERE PRO	cy Lippert	Ja. USUAL RESIDENCE (WI	n. 18, 1971	1 8	:10 A.
					A. STATE B. COU	NTY	institution; residenc	e before admission
FULL NA	LOR	(IF NOT IN HOSPI	TAL OR INS	STITUTION, GIVE STREET	Maryla		26-4	3
INSTITUT	ION				C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?	
		3324 Law	mview	Ave.	Balto.		YES X	ио []
	00							
5. SEX	6. R	ACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	RWNView Ave.	If Under 3 Ve	. If Under 24 Hr
M		W	WIDOW			9. AGE (In years last birthdoy)	If Under 1 Yr. Months Days	Haus Min.
IOA, USUA	L OCCUPAT	ION (Give kind of war	rk IOR KIND		Jan. 8, 1905	66	12 CITIZEN O	F WHAT COUNTR
done during	g most al warkli	ng life, even II retired)				eigh coonny,		- WHA! COOK!
Samol	er & We	eigher	Ameri	can Sugar Co.	Md.		U.S.	
o I AIII E	_				14. MOTHER'S MAIDEN NA	ME		
	Cha	arles E. L	ippert		Mary	Mertz		
S. Was D	occased Ever	in U. S. Armed Fo	rces? les of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDI	RESS
no				21.2-09-5857	Evelyn Li	ppert, 3324	Tarmeri ou	(wife)
18.	134	/ 1		CAUSE OF DEAT	H H	oper 0, 5524	LAWITY LEW	AVE.
1 '		R CONDITION DI			1/	) 1	BETWEE	N ONSET AND DEAT
		DING TO DEATH		(A) IMMEDIATE CAL	ise Ca of 10	setun	_	
(This	does not m	neon the mode of enio, etc. It means	f dying, e.	V. Assessment Contraction	A CONSEQUENCE OF:	****************	*************	
injury	or complico	tion which caused	d death.)	36,				
	ANTE	CEDENT CAUSES	S	(4)				
DISEA	ASES OR C	ONDITIONS, if	any, givi	ng DUE TO, OR AS	A CONSEQUENCE OF:			
rise	to the ob	ove cause (A)	stating t				1	
ONE	LALING CO	ADITION IGSL		(c)				*******
ZOTHER	SIGNIFICAN	II	NATOIDI ITIMI	•				
OTHER TO TH	E DEATH BU	T CONDITIONS CO	HE TERMINA					
U DISEA	ATE OF OPE	TION GIVEN IN PAR	NOITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 208. IF YES, WERE	FINDINGS CONS	ID ERED
19A. D		WAS PER	FORMED			IN CERTIFYING CA	USES OF DEATH	?
U 21A. A	CCIDENT W	AS UNDERLYING	] 2	IR PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID	(If In Baltima	re City, give exact	Incotion
DEATH	ONTRIBUTING I (notify medi	CAUSE OF Col examined	h	ome, form, foctory, street, of	fice bldg., INJURY OCCUR?	h oo	o City, give exact	raconon;
210.1		nth) (Day) (Yearl	(Hour 12	IE INJURY OCCURRED	215 110111 212			
S OF IM.	JURY	(Day) (Fools		While At Mol While	21 F. HOW DID IN	JURY OCCUR?		
(APPR			\	Nork L At Work	<u>U</u>	~ .	/	
22. 1	certify that	(1) (this hospital	l) attended	the deceased from	8/21	19ta	1/16	19//
that (	i) (we) last	saw the decease	ed allve on	1/16	19ond t	nat in (my) (aur) api	nian death acc	ured on the dat
and h	our and fram	n the causes sta	ted abave.	(i) (We) (did) (did not) y	lew the bady after death.			
23A. SI	GNATURE	0		( )	iow the body offer dediffs		238. DATE SIGN	ED.
		1+49	landa	WW Atte	nding Med.	Staff	1/18	$T_{7/}$
23C. PI	HYSICIAN'S	11	unn	DEGREE Phys	Director L	Staff Phys.	1 // / /	//
N	AME (Typel	U			NO MOURESS		, ,	
44 51151	Dr. Ju	lius Goodm		DEGREE	9 South F	lighland Ave	Balto.	Md.
REMO	OVAL (Specify	ON, 24B. DATE	24C.	NAME OF CEMETERY OF CRE	MATORY 24D. I	OCATION (C	ity, tawn, or county	(State)
	ourial	1-21-7	1	Parkwood.		Balto, Md.		
SA. DATE	REC'D BY H	EALTH DEPT.	25B, NAM	OF RECIEVE AR	25C, FUNEBAL DIRECTO	Re		DRESS
JA	NZII	971 Claber	E. 42	BUZNE, U	Schamunek 1	uneral Home	. Inc. Br	ehms Lane
16 250 DE	4 - 42 44 4		1				,	Hotte

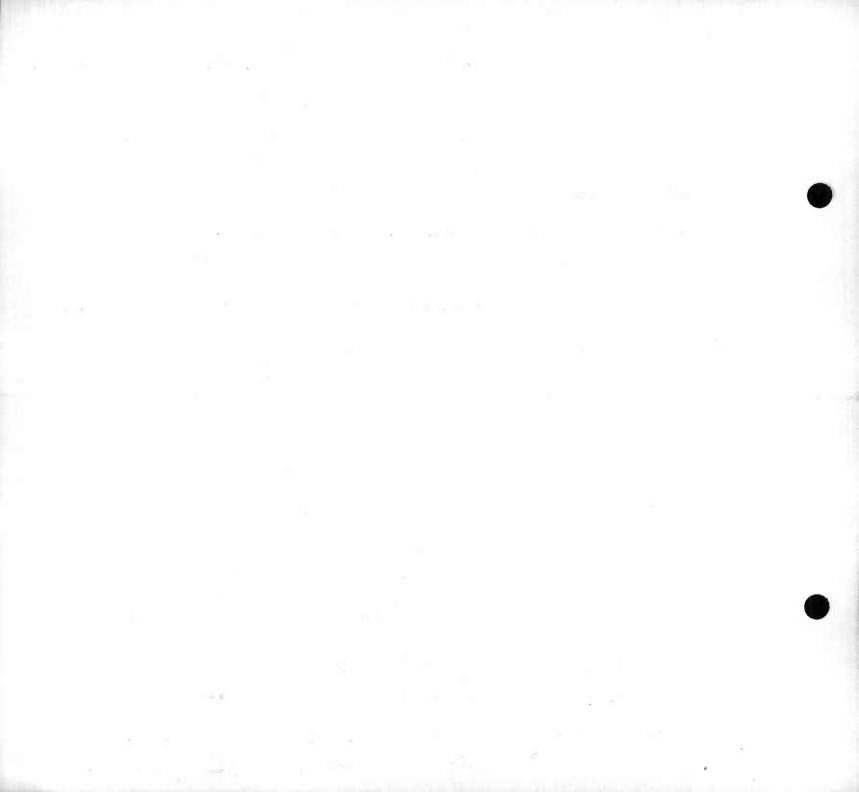


T-656 71 08	100	Y HEALTH DEPARTMENT	71 0626
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO.	
1. NAME OF DECEASED (Type or Pant) Charles P. Tr	ainor	2. DATE AND HOUR OF DEAT	9:40 P.
3. PLACE IN BALTIMORE MARYLAND, WHI	ERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OR LOCATION)	OR INSTITUTION, GIVE STREET	Ma. Balts	SIDE CITY LIMITS?
Mercy Hospital		Balto.	YES NO
37		E. STREET AND NUMBER 1629 Searles Rd.	
1	MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 1/13/99 9. AGE (in years lost birthday) 72	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
(OA, USUAL OCCUPATION (Give kind of work to done during most of working kie, even if refired) Policeman-retired	Balto. City retired	Balto	U.S.A.
13. FATHER'S NAME		14 MOTHER'S MAIDEN NAME	
Patrick Trainer		Ellen Lynch	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give war or dates of service) SECURITY NO.		17. INFORMANT ADDRESS	
yes Navy	Second No.	Grace Trainor, 1629 Se	arles Rd. 21222
18.412.41	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIREC	TLY	1	BETWEEN ONSET AND DEATH
LEADING TO DEATH	. (A) IMMEDIATE CAL	ISE Congestive Heart for	eline
(This does not mean the mode of dy heart failure, asthenia, etc. It means the	o disease,	A CONSEQUENCE OF:	
injury at camplication which caused de	eath.)	1	
ANTECEDENT CAUSES	(8)	ASCVU	***************************************
dise to the above cause (A) st	, giving DUE TO, OK AS	A CONSEQUENCE OF:	
UNDERLYING CONDITION last.	(c)	**************************************	
OTHER SIGNIFICANT CONDITIONS CONTI	TERMINAL		
OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1 19A. DATE OF OPERATION 19B. CONDIT WAS PERFOR	ION FOR WHICH OPERATION	20A. AUTOPSYT (Yes or No.) 20B. IF YES, WERI	FINDINGS CONSIDERED AUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218 PLACE OF INJURY (e.g., in home, farm, factory, street, of etc.)	n or about 21 C. WHERE DID III in Rolling	ore City, give exact location)
21D. TIME (Month) (Day) (Year)	Houd 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Not While Work At Work	•	
22 1		1111	1 18/ 107/
22. I certify that (I) (this hospital) a	11.0		
that (1) (we) lost sow the deceased			finion death occurred on the dat
and hour and from the causes stated	abaye. (1) (We) (did) (did nat) V	lew the body after death.	238, DATE SIGNED
	Atter DEGREE Phys	nding Med. Staff Director Phys.	1/19/71
23C. PHYSICIAN'S NAME (Type)	K LWIN	Mercy Ho spetal.	
AA. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CRE		City, town, or county) (State)
burial 1/22/7.	Loudon Park	Balto., Md	•
25A. DATE REC'D BY HEALTH DEPT. 25	R. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JAN & 1 1977 16.50.00 6	· Valley P. D.	Schimunek Funeral Home,	
/S 150-REV. 1/1/68		č: Man	nasota Ave.

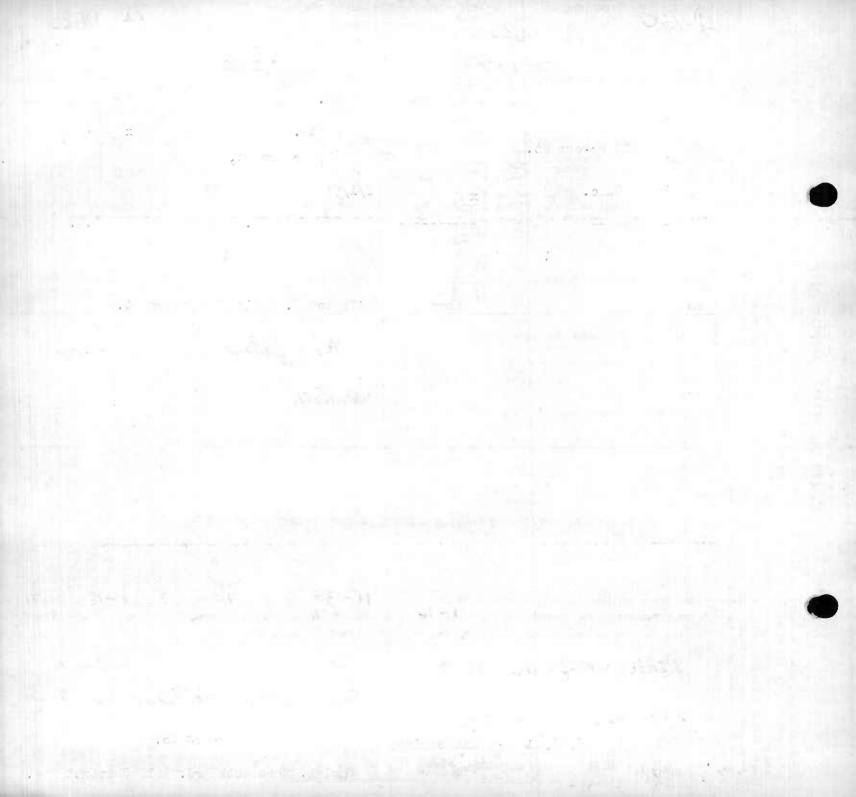


VS 150-REV. 1/1/68

V-520	) 7	1 0627 CERTIFICA	Y HEALTH DEPARTMENT	REG. NO.	1 0627
BIRTH NO.		CERTIFICA	ATE OF DEATH	REG. NO.	
1. NAME OF DEC				NO HOUR OF DEATH	
		ARLES H. YOUNG	Jan	. 18, 1971	12:22 p.
3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	ne deceased lived, If instituti	an: residence befare admission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET ATION)	Md., 212 c. CITY OR TOWN	D. INSIDE C	TY LIMITS?
	University	Hospital	Baltimor	e YES	X No □
20	University	Mospital	E. STREET AND NUMBER		
- 2 K			3122 Cli	ftmont Avenu	ie.
5. SEX	6. RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years If t	Inder 1 Yr. If Under 24 His
male	white	WIDOWED DIVORCED	7/16/02	lost birthdoy) Mar	oths Days Hours Min.
OA. USUAL OCC	UPATION (Give kind of wor	LIOB KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore		CITIZEN OF WHAT COUNTS
cleric	warking life, even if retired)	vidson Chem. Co.	Baltimore,	LINETE I	omen or wini cooking
3. FATHER'S NA			14. MOTHER'S MAIDEN NA		
	John Your			Vogelsang	
5. Was Deceased Yes, no ar unknown	Ever in U. S. Armed Fo	es of sarvice) 16. SOCIAL	17. INFORMANT		ADDRESS
		214-03-2534T	Henrietta S	torey Young,	wife, above
1B. Lefa / C	0,01	CAUSE OF DEAT	H		APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DE	RECTLY		ch I	BETWEEN ONSET AND DEAT
	LEADING TO DEATH	WAS IMMEDIATE CAL	ISE CATIONA DIA "	Theone	1. Ikeus
(This does t	not mean the mode of ostherio, etc. It means	dying, DUE TO, OR AS	A CONSEQUENCE OF:	( IA) COTTO	
injury or con	nplication which coused	deoth.)	Trusing Cale	dis - Vosculo	N 15 years
	ANTECEDENT CAUSES		40000	Diseaso	
	OR CONDITIONS, IF	(0)	A CONSEQUENCE OF:	101000000	
rise to th	e obove couse (A)	stoling the	A CONSEQUENCE OF:		
	G CONDITION lost.	(č).	***************************************		
	11				
OTHER SIGNIE	CANT CONDITIONS CO	NTRIBUTING			
DISEASE OR C	H BUT NOT RELATED TO TO ONDITION GIVEN IN PAI	HE TERMINAL			
		IDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IP YES, WERE FINDIN	IGS CONSIDERED
21A. ACCIDE	NT WAS UNDERLYING	218, PLACE OF INJURY (e.g., i	a about 21 C WHERE DID	#/ L D (1)	
OR CONTRIBLE DEATH (natify	NT WAS UNDERLYINO DITINO CAUSE OF medical examined	home, form, factory, street, of	fice bldg., INJURY OCCUR?	lit in Bollimore City,	give exact location)
21 D. TIME	(Month) (Day) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJ	ILBA OCCITES	
(APPROX.)		While At Not While			
		Wark At Work			
22. I certify	that (1) (this hospital	) ottended the deceased from Luc	ey 27 1	9 69 to Januar	4 18 1971
that (I) (we)	last saw the decease	ed alive on January 7	19 7/ ond the	at in (my) (out) apinion	Noth occurred on the dot
and hour and	I from the couses sta	ted obave. (1) (We) (did) (did not) v			occonted on the got
23A. SIGNATU			tew the body offer death.	loop 6	DATE SIGNED
111.4	wollow		nding Med.	Staff Phys.	DATE SIGNED
23C. PHYSICIA	N'S	DE GREE	23D. ADDRESS	rnys. —	
NAME (T	Dr. W. Gra	fton Hersperger    24C.NAME of CEMETERY OF CRE		Arts Build	ina
4A. BURIAL CRE	MATION, 24B, DATE	24C. NAME of CEMETERY OF CRE			
KENTO VAL	specity/				n, or county) (State)
Buri		and the same of th	iem. Park	Baltimore, Mo	1.
JAN 21	1971 Raber	258. HAMO OF TRAITERS	Schimunek	Suneral Home Brehms Lane	ADDRESS Inc.
\$ 150-REV. 1/1/	4.0	1	1 2221	renns Lane	



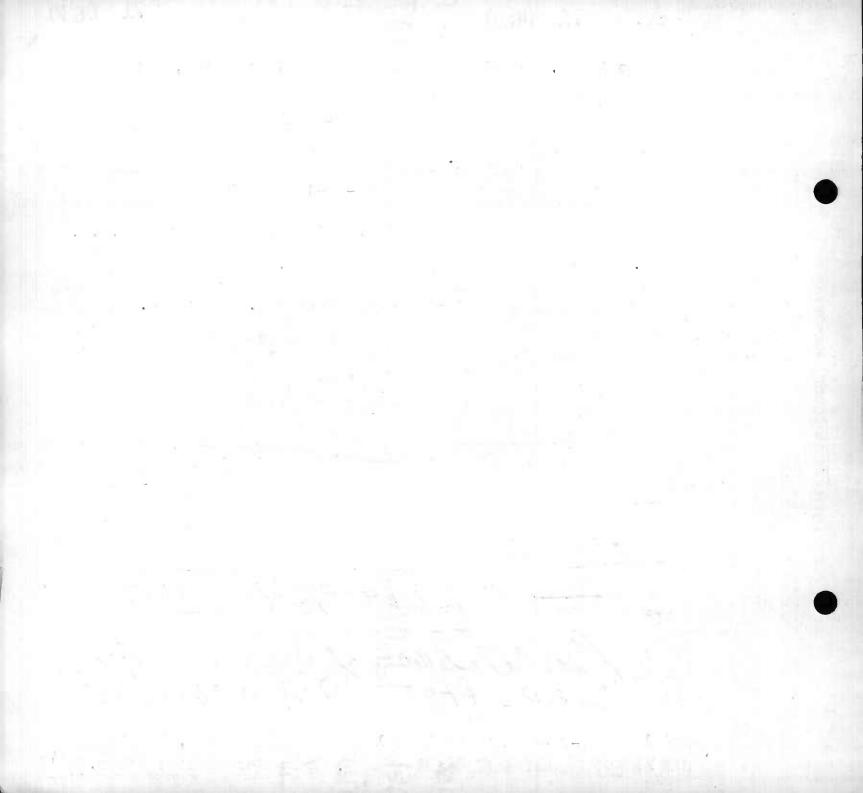
	100					REG. NO.	71 0000	
1	120	17.4	0628	CERTIFICA	TE OF DEATH	KEO. 140	9020	
I. NAM	NO. E OF DECE	ASED / L	00.50.			AND HOUR OF DEAT	H ·	
Type or			en Davis			18/71		
3. PLA	CE IN BALT	IMORE MARYLAND,		NCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admis	
					Md.	UNTY	1216	
HOSPIT.	NAME OF	(IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	C. CITY OR TOWN	In 18	JOINE CON HANTED	
INSTITU	NOITU					D. IN	VES TO NO	
-		010 D			Balto.  E. STREET AND NUMBER		153 M	
0	0	319 Powers S			819 Powers			
5. SEX		6. RACE	7. MAPPIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24	
Fer	nale	Caus.	WIDOWED		2/1/91	lost birthday)	Months Doys Hours M	
OA, USI	UAL OCCU	PATION (Give kind of wo		Ziv okcep [	11. BIRTHPLACE (State or fe	oreign country)	12, CITIZEN OF WHAT COU	
		vorking life, even if retired)				d.	U.S.	
3. FATI	HER'S NAM	1E 2			14. MOTHER'S MAIDEN N	IAME ?		
		Ever in U. S. Armed Fo		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	or unknown,	ar yes, give wor or do	ies of service,		Clayton E. Da	eria 810 Powe	nnc S+	
18.		17 52		CAUSE OF DEAT		VIS OLY FOWE	APPROXIMATE INTER	
	175	E OF CONDITION D	IDECTI V				BETWEEN ONSET AND	
		E OR CONDITION D LEADING TO DEATH			SE There Bas	Done o	2 1/2	
		ol meon the mode o	of dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF		3000	
	heart failure, astheria, etc. It means the disease, injury or complication which coused death.)							
1 1011				DOE 10, OR AS	A CONSEQUENCE OF			
inju	ury or comp	plicotion which couse	d deoth.)	DUE 10, OR AS				
	ury or comp	plication which cause INTECEDENT CAUSE	d deoth.)		semeletes			
DIS	A SEASES O	plicotion which couse	d deoth.) S ony, giving					
DIS	SEASES OF	plicotion which couse INTECEDENT CAUSE R CONDITIONS, if	d deoth.) S ony, giving		semeletes			
DIS	SEASES OF	plication which couse INTECEDENT CAUSE R CONDITIONS, if obove couse (A)	d deoth.) S ony, giving	(B)	semeletes			
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NO THE TO DIST	SEASES OF ENDERLYING  HER SIGNIFIT THE DEATH	Plicotion which couse INTECEDENT CAUSE R CONDITIONS, if obove couse (A) CONDITION lost.    CANT CONDITIONS CO THE BUT NOT RELATED TO DODITION GIVEN IN PA	d deoth.) (S ony, giving ) stoling the ONTRIBUTING THE TERMINAL (RT 1 (A).	(B)	Semility A CONSEQUENCE OF:			
DIS rise UN OTH TO DISI	SEASES OF ENDERLYING  HER SIGNIFIT THE DEATH	Plicolion which couse  NTECEDENT CAUSE  R CONDITIONS, if obove couse (A) CONDITION lost.	d deoth.) (S ony, giving ) stoling the ONTRIBUTING THE TERMINAL (RT 1 (A).	(B)	semeletes	No) 208. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
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CERTIFICATION NA NA NA NA NA NA NA NA NA NA NA NA NA	A ACCIDEN  CONTRIBU	Plicolion which couse  INTECEDENT CAUSE  R CONDITIONS, if obove couse (A) CONDITION lost.  I CANT CONDITIONS CO H BUT NOT RELATED TO DNDITION GIVEN IN PA OPERATION 198. CO WAS PE  IT WAS UNDERLYING TING CAUSE OF	d deoth.)  Sony, giving only, giving the stoling like the	(B)	Semility A CONSEQUENCE OF:	(If in Baltim	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
AL CERTIFICATION NO OFFI NO OF	A ACCIDEN  CONTRIBU	R CONDITIONS, if obove couse (A) CONDITION lost.  CONDITION IOST.  CANT CONDITIONS CONDITION GIVEN IN PA CONDITION GIVEN IN GI	ony, giving only, giving stoling the only on the stoling of the steam	(B)	A CONSEQUENCE OF:    20A. AUTOPSY? (Yes or	(If in Baltim		
DICAL CERTIFICATION NO OLH OL	ASEASES OF THE SEASE OF THE DEATH SEASE OF CONTRIBUTATH (notify D. TIME	Plicolion which couse  INTECEDENT CAUSE  R CONDITIONS, if obove couse (A) CONDITION lost.  I CANT CONDITIONS CO H BUT NOT RELATED TO DNDITION GIVEN IN PA OPERATION 198. CO WAS PE  IT WAS UNDERLYING TING CAUSE OF	ony, giving only, giving the stoling the only on the stoling of th	(B)	A CONSEQUENCE OF:    20A. AUTOPSY? (Yes or	(If in Baltim		
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MEDICAL CERTIFICATION NO N	ASEASES OF THE PROPERTY OF THE	Plicolion which couse  INTECEDENT CAUSE  R CONDITIONS, if obove couse (A) CONDITION lost.	ony, giving only, giving stoling the only stoling the only on the	(B)	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltim	nore City, give exact location)	
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DISTINGT OF LAND OF LA	ASEASES OF THE DEATH OF THE DEATH OF THE OF THE DEATH OF	Plicolion which couse  INTECEDENT CAUSE  R CONDITIONS, if obove couse (A) CONDITION lost.	ony, giving only, giving the stoling the only stoling the only stoling the only stoling the stoling th	(B)	Denicity  A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or nor obout 21C. WHERE DID ffice bldg., INJURY OCCUR?  21F. HOW DID I	(If in Baltim	nore City, give exact location)	
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DISS rise UN OTHER TO THE TOTAL ON THE TOTAL OF THE TOTAL OF THE TOTAL OF THE TOTAL ON THE TOTAL	ASEASES OF THE SEASE OF THE DEATH CONTRIBUTATH (notify PPROX.)	Plicolion which couse INTECEDENT CAUSE R CONDITIONS, if obove couse (A) CONDITION lost.  I CANT CONDITION S CO H BUT NOT RELATED TO ONDITION GIVEN PA OPERATION 198. CO WAS PE IT WAS UNDERLYING TING CAUSE OF medicol examiner)  (Month) (Doy) (Year that (I) (this haspite last saw the decease from the causes sta	ony, giving stoling the ONTRIBUTING THE TERMINAL NET 1 (A). Wolfford FOR WARFORMED 21E. While work only of the order of the seed alive on	(B)	20A. AUTOPSY? (Yes or not obout 21C. WHERE DID iffice bldg., INJURY OCCUR?  21F. HOW DID I	(If in Baltim	pplnion depth occurred on the	
WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL  OF  OF  (AP)  The ond	ASEASES OF ENDERLYING  HER SIGNIFIT THE DEATH THE DEATH CONTRIBUTATH (notify DEATH (no	Plicolion which couse INTECEDENT CAUSE R CONDITIONS, if obove couse (A) CONDITION lost.  I CANT CONDITION S CO H BUT NOT RELATED TO ONDITION GIVEN PA OPERATION 198. CO WAS PE IT WAS UNDERLYING TING CAUSE OF medicol examiner)  (Month) (Doy) (Year that (I) (this haspite last saw the decease from the causes sta	ony, giving stoling the ONTRIBUTING THE TERMINAL NET 1 (A). Wolfford FOR WARFORMED 21E. While work only of the order of the seed alive on	(B)	A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or or obout 21C. WHERE DID 11)  21F. HOW DID 11  21F. HOW DID 11  11 30  19 71 ond or ond on one of the body after death	(If in Baltim	nore City, give exact location)  19  19  19  19  19  19  19  19  19	
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WEDICAL CERTIFICATION  AEDICAL CERTIFICATION  OF TO	ASEASES OF THE PROPERTY OF THE DEATH CONTRIBUTE ATH (notify PPROX.)  I certify to the contribute of th	Plicolion which couse INTECEDENT CAUSE R CONDITIONS, if obove couse (A) CONDITION lost.  II CANT CONDITIONS CO H BUT NOT RELATED TO DNDITION GIVEN IN PA OPERATION 198. CO WAS PE IT WAS UNDERLYING TING CAUSE OF medicol examiner)  (Month) (Doy) (Year that (I) (this haspite last saw the deceos from the causes sta	ony, giving stoling the ONTRIBUTING THE TERMINAL NET 1 (A). Wolfford FOR WARFORMED 21E. While work only of the order of the seed alive on	(B)	DeneCity  A CONSEQUENCE OF:  20A. AUTOPSY? (Yes or or obout 21C. WHERE DID INJURY OCCUR?  21F. HOW DID I ond or obout 21C. WHERE DID INJURY OCCUR?  21F. HOW DID I ond or obout 21C. WHERE DID INJURY OCCUR?	(If in Boltim	pplnion depth occurred on the	
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WEDICAL CERTIFICATION  MEDICAL CERTIFICATION	ASEASES OF THE SIGNIFICATION OF THE DEATH CONTRIBUTATH (notify Death (1) The DEATH (1) THE DEATH (1) THE DEATH (notify DEATH (1) THE DEATH (1)	Plicolion which couse INTECEDENT CAUSE R CONDITIONS, if obove couse (A) CONDITION lost.	ony, giving only, giving stoling the only stoling the only of the terminal with the terminal coll of the terminal	(B)	ACONSEQUENCE OF:  20A. AUTOPSY? (Yes or or obout) 21C. WHERE DID IT ond or obout) 21F. HOW DID IT ond office bldg. INJURY OCCUR?  21F. HOW DID IT ond office the body after death office of obout office or ob	(If in Baltim INJURY OCCUR?  19 7.0 to	population depth occurred on the 23B. DATE SIGNED  1-20-71  212.  (City, town, or county)  (Storage exact location)	
WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CARPORATION  MED	ASEASES OF THE DEATH CONTRIBUTION OF CONTRIBUT	Plicolion which couse INTECEDENT CAUSE R CONDITIONS, if obove couse (A) CONDITION lost.	ony, giving only, giving stoling the only stoling the only stoling the only stoling the only stoling the stoling t	(B) DUE TO, OR AS  (C) WHICH OPERATION  PLACE OF INJURY (e.g., i e., farm, foctory, street, of the continuous of the con	A CONSEQUENCE OF:  20A. AUTOPSY? (Yes of the bidg., INJURY OCCUR?)  21F. HOW DID I to the bidg of the bidg of the bidg of the bidg of the bidg.  19 71 ond the bidg of the death of the bidg of the bidg of the bidg.  23D. ADDRESS  846 & 36 P	(If in Boltim INJURY OCCUR?  19 7.0 to	pplnion death occurred on the  238, DATE SIGNED  1-20-71  200, M. 212  (City, town, or county)  (Sto	
WEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CERTIFICATION  MEDICAL CARRET  MEDICAL C	ASEASES OF THE DEATH CONTRIBUTION OF CONTRIBUT	Plicolion which couse INTECEDENT CAUSE R CONDITIONS, if obove couse (A) CONDITION lost.	ony, giving only, giving stoling the only stoling the only stoling the only stoling the only stoling the stoling t	(B)	ACONSEQUENCE OF:  20A. AUTOPSY? (Yes or or obout) 21C. WHERE DID IT ond or obout) 21F. HOW DID IT ond office bldg. INJURY OCCUR?  21F. HOW DID IT ond office the body after death office of obout office or ob	(If in Boltim INJURY OCCUR?  19 7.0 to	population depth occurred on the 23B. DATE SIGNED  1-20-71  212.  (City, town, or county)  (Storage exact location)	



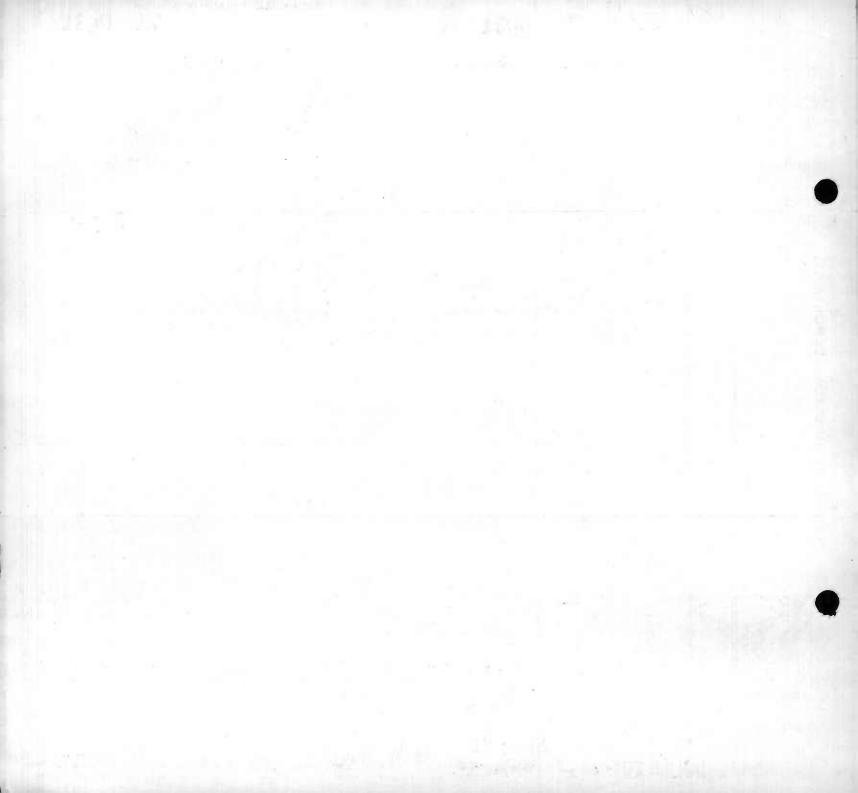
T 171 0000 BALTIMORE CITY HE	ALTH DEPARTMENT
	CERTIFICATE OF DEATH REG. NO. 71 0629
I. NAME OF DECEASED	
(Type or Print)	OF Month Doy Year Hour
Albert Eugene Ford  4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted 1 17 71 3:10 p <sub>M</sub> .
	3. DATE Month Doy Year Hour PRONOUNCED DEAD
HOSPITAL ADDRESS OR LOCATION)	1 17 71 3:10р м.
OR INSTITUTION	5. USUAL RESIDENCE (Where deceosed lived. If institution; residence before odmission)  A. STATE  B. COUNTY
139 Willard Street	Md. B. COUNTY
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male White WIDOWED DIVORCED	Balto. YES NO D
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs.	E. STREET AND NUMBER
8-31-1908   losi birthdoy)   Months, Doys, Hours, Min.	139 Willard St.
11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF	13. FATHER'S NAME
WHAT COUNTRY?	
Mary land  [4A. USUAL OCCUPATION (Give kind of work] 14B. KIND OF BUSINESS OR INDUSTR	Royal A Ford
done during most of working life, even litretired)	TO MONIER S MAIDEN NAME
Hardwood Floors Self Employed 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL	Helen Rush
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(If yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADDRESS
No 212-05-863	1 Allen F Ford 139 Willard Street
19. 44 / CAUSE OF DEA	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Arteriosclerotic cardiovascular disease
LEADING TO DEATH	
(this does not mean the mode of dying, e.g.,	AS A CONSEQUENCE OF:
heart follure, osthenio, etc. It meons the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (9)	
	AS A CONSEQUENCE OF:
I UNDESCRING CONDITION LAST	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W.	
10 THE DEATH BUT NOT RELATED TO THE TERMINAL	
DISEASE OR CONDITION GIVEN IN PART 1 (A).  204. DATE OF OPERATION   208. CONDITION FOR WHICH OPERATION W.	AC OPPEODATE
O DATE OF OFERATION WA	
	no
THE THE COURT OF THE PARTY OF T	in or obout 22C, WHERE DID (II in Boltimore City, give exact location)  bldg., etc.) INJURY OCCUR?
☐ UTING ☐ CAUSE OF DEATH.	
22D. TIME (Monih) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT WORK AT W	WHILE CORK
23.	
I certify that I held an Inquiry Inspection XX Au	tapsy and that on this basis, death in my apinion
resulted from: Natural couse XX Accident Suicid	Hamicide Undetermined manner
27	CHIEF MEDICAL EXAMINER
ACTUAL COMPLETE CONTRACTOR OF THE CONTRACTOR OF	ASSISTANT MEDICAL EVANIAGE DATE SIGNED
SIGNATURE M.D.  EXAMINER'S POTOT Tiplovia M.D.	
Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER XX 1/18//1
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 1-21-1971 Meadowride 25A. DATE REC'D BY HEAITH DEPT. 25B NAME OF REGISTRAR	e Dorsey, Maryland
14N 21 1977 (6 Best & Jane 1984)	00100
AULI MA IOI	O Truman Schwab 3512 Frederick Ave
VS 151-REV. 1/1/68	

3 HILLIAM COMPANY OF THE PARTY OF

0 11	MA	0000	BALTIMORE CITY	Y HEALTH DEPARTMENT	. //	71 0630
5-100	71	0630	CERTIFICA	TE OF DEATH	REG. NO	1. T. 0000
BIRTH NO.	ASED				D HOUR OF DEATH	H
Type or Print)	Danima D	Cabanh	5 - 637	Tow		1074
3. PLACE IN BALT	Rosina E.	VHERE PRONO	INCED DEAD	4. USUAL RESIDENCE (When	e decedsed lived. Af	1971
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC	TAL OR INSTITU ATION)	JTION, GIVE STREET	Maryland c. CITY OR TOWN	Dalta Co	53-00
00				Baltimore		YES NO
1126	Pomost Wis	Dood		8109 Harris	ATTO 212	31
	Forest Vie			+	9. AGE (In years	If Under 1 Yr., If Under 2
Female	White	WIDOWED	NEVER MARRIED DIVORCED	5-19-1895	lost birthdoy)	If Under 1 Yr. If Under 2- Months Doys Hours A
				11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COL
	orking life, even if retired)					
3. FATHER'S NAM	1F			Baltimore, Ma	aryland	U.S.A.
	Sellman		13 (	Mary E. Bo	oss	
Yes, no or unknown)	Ever in U. S. Armed Fo (If yes, give wor or dot	rces? es of service)	SECURITY NO.	17. INFORMANT	426 Fore	est View Road
	2		212-24-993		Schaub	
18.4/0	7, 6-1	13.1	CAUSE OF DEAT	н		APPROXIMATE INTER
	OR CONDITION D			n	· H	
	LEADING TO DEATH		(A) IMMEDIATE CA	USE		
heort foilure,	of meon the mode of osthenio, elc. It meons	s the diseose,	DUE TO, OR AS	A CONSEQUENCE OF:		
injury or comp	olication which coused	d deoth.)	1	V 1		
A	NTECEDENT CAUSES	S	(B)	DUI		` (
	R CONDITIONS, if		DUE TO, OR AS	CONSEQUENCE OF:		
	obove couse (A) CONDITION lost.	stoting The	(c)			
	II					
	CANT CONDITIONS CO					
DISEASE OR CO	BUT NOT RELATED TO TO NOTION OF A	RT 1 (A).				
19A. DATE OF	OPERATION 198. COM		WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING C	FINDINGS CONSIDERED
OR CONTRIBU	T WAS UNDERLYING [ TING ] CAUSE OF	hom	e, form, foctory, street, c	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltim	ore City, give exect location)
O	medical examiner)	etc.				
OF INJURY	(Month) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.)		Whi	ite At At Work			1
22. I cartify	that (I) (this hospita			17-17	19 ta //	1 10
			12/14	7/3		ninian danth annual cu th
	last saw the deceas		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		ui in(my) ( <del>out)</del> o	pinian death accurred an th
		ited abave, (I	) ( <del>ver</del> ( <del>did)</del> (did nat)	view the bady after death.		DATE SIGNED
23A. SIGNATUI	15.1	0/1	) ~ (1. 1 AH	ending Med.	Staff	23B. DATE SIGNED
	1 100	KK	Phy	ys. Director	Phys.	1/17///
23C. PHYSICIAT	Pe)	0	Dren	23D. ADDRESS	101	6.0
		-()	11 1000	1/// 11	1, 1/1,01	11 1 / 1 / 1 / 1
24A. BURIAL CREA	LEA	701	F/377	70711	1 Chick	US CUIT
DEAAOVAL /S	AATION, 24B. DATE	700 24C. N.	AME of CEMETERY OF CR	REMATORY 24D. L	OCATION (	City, town, or county) (S
REMOVAL (S	AATION, 24B. DATE		AME of CEMETERY OF CR			
REMOVAL (S Burial 25A. DATE REC'D	AATION, 24B. DATE pecify)					
Burial	AATION, 24B. DATE pecify)		AME of CEMETERY OF CR	Ba-	ltimore,	Maryland ADDRESS
Burial	MATION, 248. DATE pecify)  BY HEALTH DEPT.  1971 Pages		AME of CEMETERY OF CR	Ba-	ltimore,	

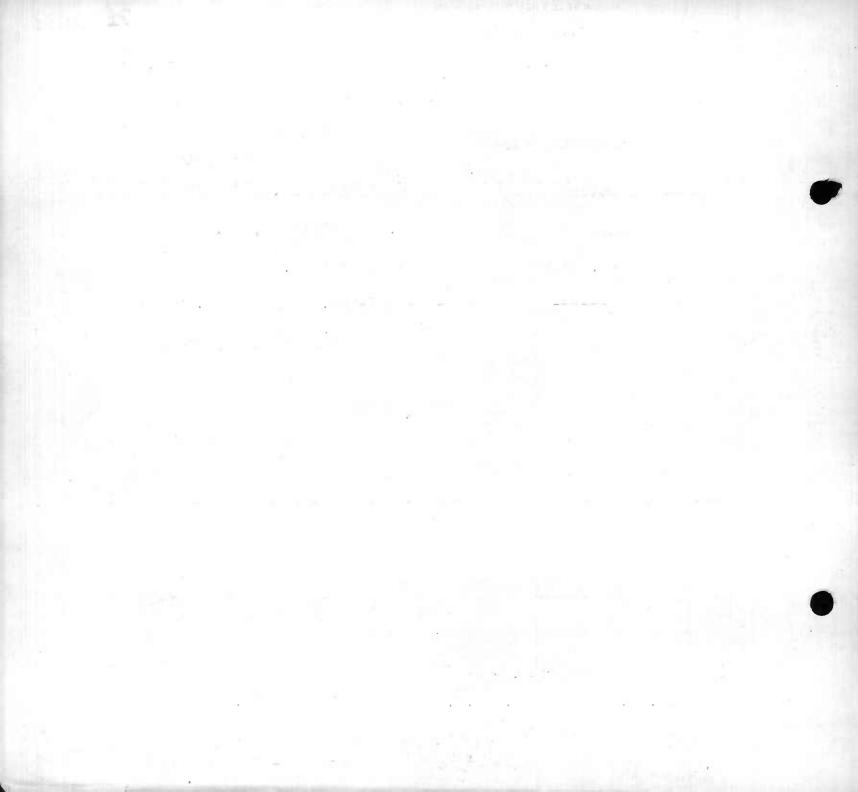


/	7	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRI	9-43/ 71 063	CERTIFICA	TE OF DEATH	REG. NO.	1 0631
	Sophia G	oldberg		HOUR OF DEATH	2.45 p. M.
3. F	LACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where		tution; residence before admission)
FU I	L NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDI	CITY LIMITS?
1143			Belto		res NO
	6968 Marsue Dr	we	E. STREET AND NUMBER	lun !	and,
i. S	EX 6. RACE 7. MARR	IED NEVER MARRIED			If Under 1 Yr. , If Under 24 Hrs.
	F WIDOW	VED DIVORCED	2/8/1896	74	Months Days Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KIND during most of working life, even if retired)	OF BOZINEZZ OK INDOZIKI	II. BIRIMPLACE (Store of foreign	country!	
	Semilies		Russia	2	450
3.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	mont		mari	4	
S. 1	Nos Deceosed Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	4	ADDRESS
les	,no or unknown) (If yes, give wor or dates of servi		0000	0.10	Caron 1
	NO	217-16-1969	Charles 6	-olllery	5/11/13/and w
	18.14.10.9	CAUSE OF DEAT	Н	(	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	Acute	Myocardialuft	IN TO	15 MINIS
	LEADING TO DEATH	(A) IMMEDIATE CAL		echon	18 77770
	(This does not meen the mode of dying,	e.g., DUF TO, OR AS	A CONSEQUENCE OF:		
	heort foilure, osthenio, etc. It means the dise injury or complication which caused death.)	ose,			
	ANTECEDENT CAUSES				
		(B)	A CONSEQUENCE OF:		
	DISEASES OR CONDITIONS, if ony, given rise to the obove couse (A) stoling	ing DOE 10, OK AS	A CONSEQUENCE OF:		
	UNDERLYING CONDITION lost.	(c)			
	1				
Z O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG			
ATIC	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).				
CERTIFICA		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN CERTIFYING CAUS	NDINGS CONSIDERED LES OF DEATH?
AL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., hame, form, foctory, street, o etc.)	ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact lacotion
EDIC	21 D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
ME	OF INJURY	While At Not Whi	le 🗀		
	(APPROX.)	Work At Work			
	22. I certify that (1) (this hospital) attend	ed the deceased from	1709 15 19	69 to VA1	0/9 1971
	that (1) (wa) lost saw the deceased alive	on Dec.	18 19 70 and that	in(my) (our) opini	on deoth occurred on the dot
				, , , , , , , , , , , , , , , , , , ,	
	and hour and from the causes stated abov	e. (1) (We) (did) (did not)	view the body ofter death.		DATE CICALED
	23A. SIGNATURE	10	/ *		238, DATE SIGNED
	Colbert Here o Dre	15 MIL DEGREE Phy	ending Med. S	hys.	1/20/7/
	23C. PHYSICIAN'S	DEGREE .	23D. ADDRESS		1
	NAME (Type)	- FARR	772 111 /2	1 Cote 1 LA	and Palto 1/2
	HIDERI J. HIM	ELI-ITIC DEGREE	+ NOW . 1000	12 /rough	ne re-our re
44	REMOVAL (Specify) 248 DATE 24	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City	, town, or county) (Stole)
1	Busy 1/2/17/	Both The	of 1	Salter	md
254	. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR		ADDRESS
	IAN 91 1074 22 48 3.6	L. MA	Sylven Tes	no a son 91	010 Keisterslow
	HIN OF MILL AND CHANGE		9		
10					



IMPORTANT DIRECTOR: FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH 1971 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY D. INSIDE CITY LIMITS? YES X NO If Under 24 Hrs. If Under 1 Yr. Months Days 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exoct location) and that in (my) (aux) aplaion death accurred on the date 23B, DATE SIGNED (City, town, or county) DEPT ADDRESS Hely-Wledefeld Home VS 150-REV. 1/1/6B

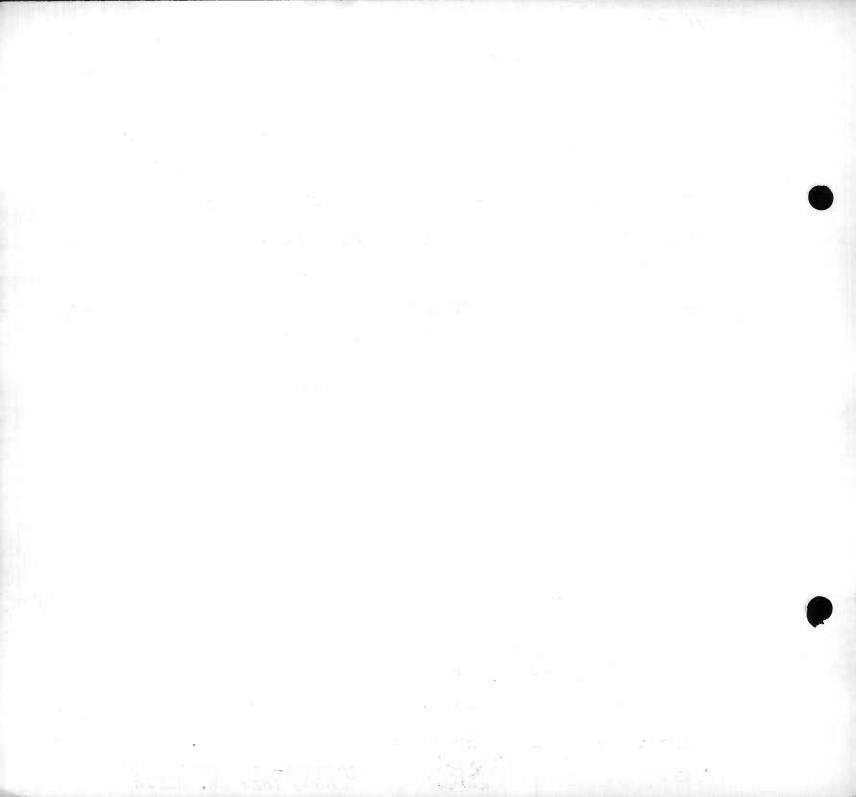


	and ased the the Such	
	a approved by the chief medical examiner or his assistant if death occurred in a hospital and I to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.	
	hosp Jse (5) I ance dea	
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	Xam Xam Who Who	
	ical si (3) cian cian as ir	
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	Body Body the president	
	the all by (2) (2) oph	
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	st be ased lent ospit deat nust	
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	was was A. at prio	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	1
		1

	BALTIMORE CITY	HEALTH DEPARTMENT		1211 0 -
5-160 74 00	OP CERTIFICA	TE OF DEATH	REG. NO	71 0633
BIRTH NO. / 1. Uh	33 CERTIFICA		HOUR OF DEATH	
Type of Print Lydia F. Sparrow			-12-71	1 1
B. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	14. USUAL RESIDENCE (Where d	eceased lived. It inst	hitution: residence before admission)
		A. STATE & COUNTY		13 11
ULL NAME OF (IF NOY IN HOSPITAL OR I ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	Maryland		10-06
ASTITUTION		C. CITY OR TOWN	D. INSID	
Mercy "ospital		Baltimore E. STREET AND NUMBER		YES X NO
mercy ospital				
2/		3001 Cresmo		
SEX 6. RACE 7. MAS	RIED NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years t birthdoy)	If Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.
Lemare Murre	WED K DIVORCED	Tuly 22,1900	70	
A USUAL OCCUPATION (Give kind of work 108, KIP one during most of working life, even if refired)	ID OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY
	habian Dalrama	Baltimore.	Md -	USA
Saleslady N	uhley Bakery	14. MOTHER'S MAIDEN NAME	Ma	1 001
Clever Masin	er	Alice	?	
				ADDRESS
. Wae Deceased Ever in U. S. Armed Ferces? es, no or unknown) (if yes, give war or dates of ser	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		
NO	214-20-4395	Mrs. Peggy Ayı	res 3001	Cresmont Ave
18./8/)	CAUSE OF DEAT	N .		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		1 0	0	, and the second second
LEADING TO DEATH	(A) IMMEDIATE CAL	ISE Malignan	+ pach	exil
(This does not mean the mode of dying, heart failure, asthenia, etc., it means the dis	DUE TO, OR AS	A CONSEQUENCE OF		
Injury or complication which caused death.)				
ANTECEDENT CAUSES	. Cal	erinoma n	Cervin	e
DISEASES OR CONDITIONS, if any,	divine (B) DUE TO, OR AS	A CONSEQUENCE OF:  L Spread		
rise to the above cause (A) stating	the 119 of	0 -50-081	melast	RRUB.
UNDERLYING CONDITION last.	(c)	yord		
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19R CONDITION WAS PERFORMED 11 A CCIDENT WAS UNDERLYING!				
DISEASE OR CONDITION GIVEN IN PART 1 (A).		1884	AA 40 000 1000 E	Name of the same o
19A DATE OF OPERATION 19E CONDITION WAS PERFORMED	FOR WHICH OPERATION	20A. AUTOPSYT (Yes or No)	IN CERTIFYING CAU	INDINGS CONSIDERED
0			94 t	
OR CONTRIBUTING TICALISE OF	21B. PLACE OF INJURY (e.g., i home, form, factory, street, o	fice bidg INJURY OCCUR?	(II in Boltimore	City, give exact location)
DEATH (notify medical examined	etc.)			
210. TIME (Month! (Doy) (Year) (Houd	21E INJURY OCCURRED	21F. HOW DID INJUR	YOCCUR	
OF INJURY	While At Not While At Work	• 🗖		
				1/12 1971
22. I certify that (I) (this hospital) atten				
that (1) (we) last sow the deceased olive	an ( / / 2	19_7 / ond that	in (my) (our) opin	ion death occurred on the da
ond hour and fram the causes stated abo	ve. (1) (We) (did) (did not)	riew the body after death.		
23A. SIGNATURE	3			23B. DATE SIGNED
Prahme 1	Sose MI) Ath	nding Med. Ste	ys. 🔀	1/12/71
23C.PHYSICIAN'S		22D ADDRESS		
NAME (Type) PRATIMA	BOSE MD	ho o sey	Hospita	ll.
	DEGREE			
REMOVAL (Specily) 248. DATE	24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOC	ALION (City	y, town, or county) (State)
Burial Jan 15,	1971 Balto	, Nat Cem	Baltimore	e. Md.
25A. DATE REC'D BY HEALTH DEPT. 258. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
	Libery Hall ()	Mitcheld-Wiede	teld Hom	e 6500 York Rd.
VS 150-PEV 1/1/68				

en into Fire 1879 At a fight of the state of the sta

	M - 2 - BALTIMORE CITY	Y HEALTH DEPARTMENT					
	//-020 /1 UG34 CEDTIEICA	TE OF DEATH REG. NO. 71 0634					
	NAME OF DECEASED RRTDGRT MARTE MEANS	2. DATE AND HOUR OF DEATH					
	Type or Print BRIDGETT MARIE MEANS	1-16-71 9:00 P.					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution; residence before admission)  A. STATE  B. COUNTY					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD. 12-13					
	HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?					
	14 (Irion Memorial Hosp.	E. STREET AND NUMBER					
	47 041301	2716 GUILFORD AVE					
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED						
	F C WIDOWED DIVORCED	9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.					
de	DA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY one during most of working life, even if refired)	11. BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY?					
	HOUSEWIFE	WEST VIRGINIA U.S.A.					
.   13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
176	JOHN QUINN	SARAH KENNEDY					
(Y	is. Wes Deceased Ever in U. S. Armed Forces?  es, no ar unknown) (If yes, give wer of dotes of service)  16. SOCIAL  SECURITY NO.	17. INFORMANT ADDRESS					
	NONE	Marion Stalnaker - SAME					
	DISEASE OF CONDITION DIRECTLY  CAUSE OF DEATH  CAUSE OF DEATH	AA TENERAL CAREE AND THE TENERAL CAREE AND T					
	LEADING TO DEATH	19 Janchan					
		A CONSEQUENCE OF:					
	injury as camplication which caused death.	ACCUD					
	ANTECEDENT CAUSES						
		A CONSEQUENCE OF:					
-	UNDERLYING CONDITION fast. (C)						
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						
115	DISEASE OR CONDITION GIVEN IN PART I (A)						
	19 A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH?					
CERTIFIC	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in						
1	218. PLACE OF INJURY (e.g., in OR CONTRIBUTING CAUSE OF DEATH Inaily medical examiner)	ice bldg. INJURY OCCUR? (If In Bollimare City, give exact location)					
MEDI	INDEPENDING THE PROPERTY OF TH	21F. HOW DID INJURY OCCUR?					
	TOIR AT WORK	1/6/21 21 1/1/					
	22. I certify that (I) (this hospital) attended the deceased from	19 1 to 19 1					
and hour and from the couses stated above. (1) (1) (20) (did not) view the body after death.							
	23A. SIGNATURE	238, DATE SIGNED					
	7 Zan (w) M.D. DEGREE Atten	ding Med. Stoff D					
	23C. PHYSICYAN'S NAME (Type) / / - 0 P / 22	3D. ADDRESS					
	18. EARL COTMAN, M.D.	UNION Menovial Hospital					
24	REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY OF CREA	(Sible)					
1		CEMETERY BALTO. MD.					
25/	JAN 21 1971 Res & Sales Med	MOTCHELL -WIEDEFELD HOME ADDRESS					
IL.	JAN 61 19/ 16620 E. Nauber 760	6500 YORK RD. 21212					



25C. FUNERAL DIRECTOR

ADDRESS

Mitchell-Wiedefeld Home 6500 YorkRd.

258 NAME OF REGISTRAR

25A. DATE REC'D BY HEALTH DEPT.

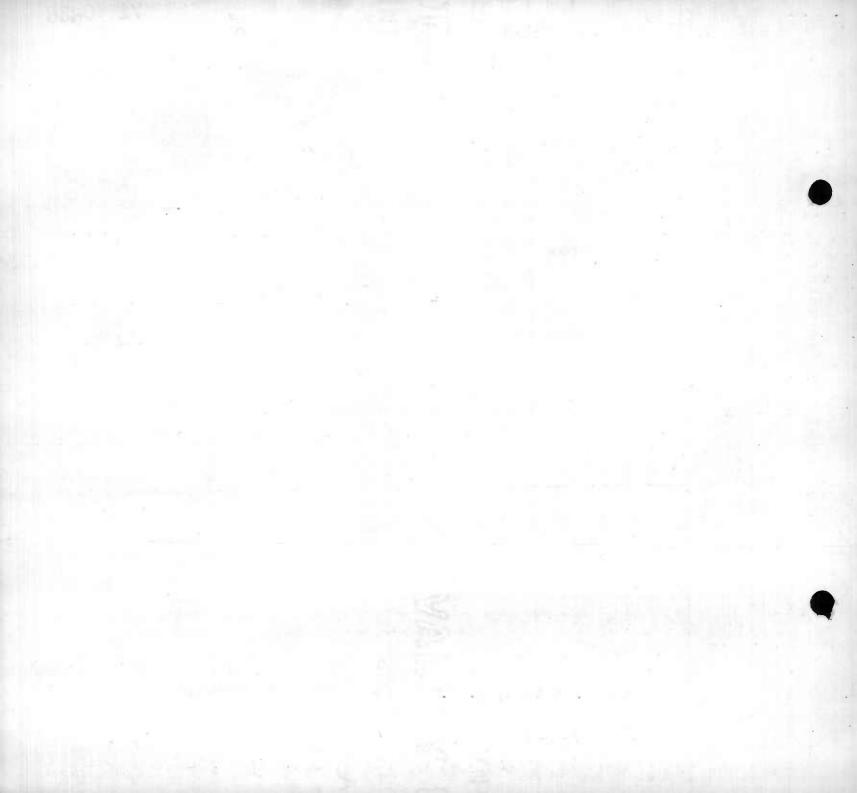
VS 151-REV. 1/1/68

DA SINGRADA CONTRACTOR OF THE Tonse 20 1922 nation of manes 7-4 . Hanshort, At. Sign William . Bush a . Busher . as . 221 H. sudorface conduced Office much hintstenia 41 vitting

IMPORTANT

DIRECTOR:

FUNERAL



VS 150-REV. 1/1/68

414 n. Duncan St.

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	occurred in a hospital and ntributing cause of death rmined cause; (5) Deceased egular attendance on the ased prior to death. Such s made.
	death or co Undete as in r
IMPORTANT	Also, if the direct re of any kind; (4) nounced death wattendance on the Imed or final dispo
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	This certificate must be a the body was released to shows: (1) An accident of was D.O.A. at a hospital deceased prior to death) written approval must bu

1	8-20	٥	71 0	639		HEALTH DEPARTMENT	REG. NO.	71	0639
	RTH NO.		71 0	000.	CERTIFICA	TE OF DEATH			9000
	ype or Print)		DAECCII	0114	0150		AND HOUR OF DEATH	-	
3.	PLACE IN BA	LTIMORE, MARY	BAESCH,	LHAI	KLES ICED DEAD	JAN	UARY 19, 1	971	residence before admission)
		- The state of the	TAND, WHERE	rkonoun	ICED DEAD	A. STATE B. CO	UNIX	in slilulion:	rosidence before odmission)
H	JLL NAME OF	(IF NOT IN	HOSPITAL OR	INSTITUT	ION, GIVE STREET	MARYLAND			25-34
IN	NOITUTION		OR ECONHOLI			C. CITY OR TOWN	D. IN	SIDE CITY	LIMITS?
1	1					BALTIMORE		YES [	X NO □
12	+O ST	AGNES I	HOSPITA	L		E. STREET AND NUMBER			
5.	SEX	6. RACE	17			25 BRISTOL			
	MALE	WHITE	WID	OWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 09 22 94	9. AGE (In years lost birthday)	If Und Months	er 1 Yr. If Under 24 Hrs. Days Hours Min.
doi	A, USUAL OCC	UPATION (Give ki working life, even	ind of work 10B, K	IND OF B	USINESS OR INDUSTRY	11. BIRTHPLACE (Stole er fo	oreign country)	12. CI1	ZEN OF WHAT COUNTRY?
	RETIRE	D ROUTE	SALESM	AN T	ce cream	MARYLAND			USA
	FATHER'S NA			. 0	se Ocean	14. MOTHER'S MAIDEN N	AME		0 3 7
	BIID OF DE	H BAESCH				EDEDEDIANA	/		
				[5]	6. SOCIAL	FREDERICKA		)	
{Ye	s, ne er unknewr	Ever in U. S. A		ervice)	SECURITY NO.	INFORMANT			ADDRESS
	NO	no	9	- 1	213-05-964		ECORDS -BAL	TO ME	21229
	18.48	6 X I			CAUSE OF DEATH	1			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	DISEA	SE OR CONDIT	ION DIRECTLY	ſ		5			DETWEEN ONSET AND DEATH
	(This does	nol meen the m	node of dvina	9.0	(A) IMMEDIATE CAU	SE PHEUMON	114		4 days
	heer leilure.	osthenio, etc. I nplicotion which	I means the di	92092	DUE TO, OR AS	CONSEQUENCE OF:			
	1			,					
1	1	ANTECEDENT (			(B)				
	rise la th	OR CONDITION  a above cous	NS, il ony,	giving	DUE TO, OR AS	A CONSEQUENCE OF:			
	UNDERLYIN	G CONDITION	last.	3 1110	(c)				
_		- 11							
O	OTHER SIGNIE	CANT CONDITIO	NS CONTRIBU	TING					
Y.	DISEASE OR C	H BUT NOTRELA	N IN PART 1 IAL	-	****************	*************			
CERTIFIC	19A-DATE OF	OPERATION 1	9B CONDITION VAS PERFORME	FOR WHI	ICH OPERATION	20A. AUTOPSY? (Yes or !	10 20B. IF YES, WERE	FINDINGS USES OF	CONSIDERED DEATH?
ü	21 A. ACCIDE	NT WAS UNDER	LYING	21B. PL	ACE OF INJURY (e.g., in	or about 21 C. WHERE DID	(II in Beltime	re City, alv	re exoci lecetion)
\ V	DEATH (notify	medical exemine	er)	heme,	ferm, factory, sireet, aff	ice bidg., INJURY OCCUR?	<i>p •</i>	,, 9	e exect leconomy
MEDI	OF INJURY	(Month) (Day)	(Year) (Heur		JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
~	(APPROX.)			While .	Al Werk				
	22. I certify	that (1) (this h	ospital) atter	ded the	deceosed from JAN	IIIARY 14	19 71 to JANI	IADV	10 10 71
					NUARY 19				19 /1
1						ew the body ofter death	not in (my) (out) opi	mon deo	in occurred on the dote
	23A. SIGNATU	IRE /	703 310100 000	7400 (1) (1	(010) (010 NOT) VI	ew the body offer deoth.	•	1000 D A	E SIGNED
	1/1	11/200	0.		MTD Atten	ding Med.	Shaff Dr		
	23C. PHYSICIA	N'S	nom		DEGREE Phys.	3D. ADDRESS	Shaff Phys.	1.	19.71
	23C. PHYSICIA NAME (T		- D.	. 1		- A	HOSPITAI		
244	CARLO			zenk	DEGREE	St Agnes			
ZAA	BURIAL CRE	MATION, 24B, D	ATE /	-				ty, tewn, o	or county) (Stole)
	Burial	1/	23 /71		Haven Mem L	Park Bal	timore, Md.		
25A	DATE REC'D	SY HEALTH DE	71. 250 N	MAL OF	HGISTRAR D	250 FUNERAL DIRECTO	<u> </u>	1	ADDRESS
	TRAV	197 366	es E da	Ser, 19	1994	McCully.	- wh 237/al	пресс	ac. 21225
1/2	160 BEV 1/1/	4.0				<del></del>			

William Title S:220

71 0640 MED	ICAL EXA	MINER'S			DEAT	H REG. NO	71	0640
1. NAME OF DECEASED (Type or Print)  Marshal	2. DATE OF DEATH	Knawn 🔼	Month 1	Doy 18	Yeor 71	11:40 a <sub>M</sub>		
4. PLACE IN BALTIMORE, MARYLAND, W FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL ADDRESS OR LOCATOR INSTITUTION	L OR INSTITUTION, G		3. DATE PRONOL	INCED DEAD	Month 1	Day 18	Yeor 71	11:40a M
1 42	General Hos	spital	A. STATE	SIDENCE (Where	aeceasea III	B. COUNTY	16	• 0 7
6. SEX 7. RACE	8. MARRIED NE	VER MARRIED	C. CITY OR			D. INSIDE	ITY LIMITS?	
male Negro  9. DATE OF BIRTH   10.AGE (in	years   If Under 1	Yr. If Under 24 Hrs.		.to.		1	/ES L	NO
11. BIRTHPLACE (State or foreign country)  Balto. Md.	12. CITIZE	N OF	13. FATHER	508 Popla S NAME ed Sykes	r Grov	e St.		
14A.USUAL OCCUPATION (Give kind af work) dane during mastof warking life, even il retired) Construction	48. KIND OF BUSIN	ESS OR INDUSTRY		'S MAIDEN NAM		ght		
16. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown) ((1) yes, give war or dotes of	FORCES? 17. S 212	OCIAL ECURITY NO. -46-0483	18. INFORM	ANT Boatwrig	ht	A	DDRESS	
DISEASE OR CONDITION DIREC LEADING TO DEATH (This does not mean the mode of dyl heart foilure, asthenia, etc. It means the Injury or camplication which caused dea  ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	ing, e.g., disease, th.)	(A) IMMEDIATE CONTROL (B) DUE TO, OR	Gunsho AUSE AS A CONSEQU		f ches	t		PPROXIMATE INTERVAL VEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS COOD TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	THE TERMINAL RT 1 (A)-	H OPERATION W	AS PERFORM	ED			21. AUTO	DPSY? (Yes ar Na)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 1 18 71 11 30 WHILE AT WORK  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- Home, form, foctory, street, office bldg., etc.) INJURY OCCUR? 1633 Penna. Ateque 22F. How DID INJURY OCCUR? Subject Was shot during of the control of the co							ue 14	-02
ACTUAL SIGNATURE	//	Sulcid	ASSIS	end that on the micide XX L HIEF MEDICAL EXTANT MEDICAL EXTANT MEDICAL EXTANT	Indetermir KAMINER KAMINER	med monner		date signed 1/18/71
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial 1-23-71	Mt.	ME of CEMETERY Calvary	or CREMATO		ocation dar Hi	(City, tow	n, ar county) r Hill	
25A. DATE REC'D BY HEALTH DEPT.  JAN 21 1971	258. NAME OF RE	_	25C. F	ples Evan	R s Hugh	es 1532	ADDRESS Holli	ns st.

ency . - -LANDER BOND , MICHELL NO.

VS 151-REV. 3/1/68

111-40	Y HEALTH DEPARTMENT	0044
	ATE OF DEATH REG. NO. 7	L U544
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	1-18-71 7BM	1
	4. USUAL RESIDENCE (Where deceased lived, If institution	
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	mD.	15-11
MT. Singi Nursing Home	C. CITY OR TOWN D. INSIDE CIT	
	E. STREET AND NUMBER	NO
1 4613 Park Heights Ave	3902 Hilton Road Api	153
Female Near O WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years If U. Mant	nder 1 Yr. If Under 24 Hrs.
OA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRE	4-29-90 80	
lone during most of working life, even if relired) Housewife	12.0	ITIZEN OF WHAT COUNTRY
3. FATHER'S NAME	Kent Island, Maryland	U.S.A.
James Sewell	14. MOTHER'S MAIDEN NAME	
	Mary Watkins	A
(es, na ar unknown) (IIf yes, give war or dates of service)  No  16. SOCIAL 215-14-9145-	17. INFORMANT	ADDRESS
No 215-14-9145-	Catherine Woods, 3902 Hilton	Rd. Apt 153
18. 4/2, 4 1 CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	D + dV4-5 (x2)	BETWEEN ONSET AND DEATH
(A)IMMEDIATE CAN	JSE /	2-3 day
hoort failure, asthenia, etc. It means the disease	A CONSEQUENCE OF:	- Joseph
injury or camplication which caused death.)	gettil Heart Judyse	
ANTECEDENT CAUSES	you are total the use	
DISEASES OR CONDITIONS, if any, giving rise to the obove couse IA) stoling the	A CONSEQUENCE OF:	**********************
UNDERLYING CONDITION last, (C)		
11		************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
19A. DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDING IN CERTIFYING CAUSES OF	S CONSIDERED
21A, ACCIDENT WAS UNDERLYING TO 1218 BLACE OF INJUST (		DEATH?
OR CONTRIBUTING CAUSE OF	n or obout 21 C. WHERE DID (II In Baltimore City, g	lve exact lacation)
prairi many medical examinent		
21D. TIME (Manth) (Day) (Year) (Hauth 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX) While At Work At Work	· 🗆 .	
22. I certify that (1)(this hospital) attended the deceased fram	10/65	1/200
that (I) (we) last saw the deceased alive an	1963 10	1971
	and that in (my (aur) apinian de	6th accurred an the date
and haur and from the causes stated abave. (1) (We) (dld (dld nat))		
William & Man Am D	17.	TE SIGNED
23C. PHYSICIAMS DEGREE THYS	Drecter Phys.	11/17/
NAME (Type) Dr. Donald W.	3D. ADDRESS	7 / 1
Dr. Elijah Saunders, Stewart	2300 Garrison Blvd. Balto.	Md. 21216
REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of CRE	1.00	ar caunty) (State)
Burial 1/21/71 Arbutus Mem. P	ark Baltimore, Maryla	and
TATT MC DAY HEALT DEPT. 258 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
THE MAN WORLD E Naiber M. D.	Renneth H. Law , 4609 Park	
150-REV. 1/1/68		

. E I E L . A N. GRAND

FUNERAL DIRECTOR:

1-1100		BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO.	06	645 CERTIFICA	ATE OF DEATH REG.	NO.
1. NAME OF DECI	(ANN EI	AZABETH LILLY)	2. DATE AND HOUR OF	DEATH UD40
3. PLACE IN BALT	MORE MARYLAND, WHI	- 127	1-20-7	1 2:15 p.
		£	A. SIAIE & COUNTY	ed. If institution; residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCATI	OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	12-01
t. l			Balkimore21218	D. INSIDE CITY LIMITS?  YES A NO
tt un	ion memor	ial Korpital	E. STREET AND NUMBER 114 W. University	
S. SEX	6. RACE 7.	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In year last birthdoy)	If Under 1 Yr Il Under 24 H Months: Days Haurs Min.
F	w	WIDOWED DIVORCED	9-15-92 TO	Months Days Haurs Min.
lone during most at w	PATION (Give kind of work) 10 rorking life, even if retired) tired Md. Sta		Y 11. BIRTHPLACE (State or foreign country)  - In any land	12. CITIZEN OF WHAT COUNT
3. FATHER'S NAM	\E		14. MOTHER'S MAIDEN NAME	usu
	liam Lil	V	Rebieca Lebru	2
5. Was Deceased Yes, na ar unknown) NO	Ever in U. S. Armed Forces Of yes, give wor ar dates o	16. SOCIAL SECURITY NO. 219-36-1539 A	Mrs. Evelyn Keller 1530 Ralworth Rd. Ba	ADDRESS altimore Md.21218
heort foilure, a injury ar camp  A  DISEASES OF tise to the	Il meon the mode of dy sithenia, etc. Il meons the silication which caused de NTECEDENT CAUSES R CONDITIONS, if any above cause (A) st CONDITION (ast,	e disease, (ath.)  (B)  (B)  (DUE TO, OR AS	A CONSEQUENCE OF:  Lind perboration for  S A CONSEQUENCE OF:  Lice c ale Coes	Consta
OTHER SIGNIFIC	CANT CONDITIONS CONTR BUT NOT RELATED TO THE INDITION GIVEN IN PART I	TERMINAL		
19A. DATE OF		ION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?
OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF	21B PLACE OF INJURY (e.g., home, form, factory, street, a etc.)	in or about 21 C. WHERE DID (If in 8 lifice bidg., INJURY OCCUR?	altimore City, give exact focotion)
21D.TIME (OF INJURY	Manth) (Day) (Year) (I	Hour 21E INJURY OCCURRED  While At Nat White At Work At Work		
22. I certify t	hat (1) (this haspital) a	ttended the deceased fram	12-21 19 20 to	1-00 1971
		obove. (1) (We) (dld) (dld not)	19and that in (my) (ou	r) opinion death accurred on the do
23A. SIGNATUR			new the bady after death.	23B. DATE SIGNED
2	In Laxuna	Phy	ending Med. Staff Phys.	1-20-71
23C. PHYSICIAN NAME (Typ	nel .	DEGNEE	23D. ADDRESS	
	ATION, 248. DATE	1 A PIZA DEGREE	Union Memorial Hos	DINGI
DEMAND CREM	ALION, 1240. DATE	24C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State)

DEGREE

24A. BURIAL CREMATION, 24B. DATE

24C.NAME of CEMETERY of CREMATORY

24D. LOCATION (City. lown, or county) (City. lown, or county)

Burial Jan. 23. 1971 Oak Lawn Cemetery

Baltimore Md.

25A. DATE RECOLUTY HEALTH DATE.

25C. EUNERAL DIRECTOR

HUNRY SANDER & SONS. INC.

VS 150-REV. 1/1/6B

Baltimore Md.



	pur	sed	the	uch		l
	lal	d to the hospital by a medical examinet. Also, it the direct of contributing cause of death t of any nature: (2) Body burns: (3) A fracture of any kind; (4) Undetermined cause: (5) Deceased	Eo	٦. S		A COMPANY
	ospi	200	nce	eat		
	a h	e: (	nda	0		
	=	Sob	atte	10		ľ
	red	ed	ar	D.	9	
)	מכנת	T	nge	Pest	E .	
	th c	ete	in r	6000	uo i	
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	# #	5	3	4	Isp	
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	Xar	A A	why	10	976	
	cal	ا ا ا	ian	i s	ins	ı
	pou		ysic	1 WG	E	ľ
	of m	E A	hd e	iciar	be obtained before the remains are embalmed or final disposition is made.	ı
	chi	) d	th	hysi	ro	
	1 th	191	her	d op	befo	-
	iq P	OSPI	× +0	9	per	
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	app	f an	9	0 ; (	0 00	ı
	be .	Sed	pita	eath	ust	I
	musi	cide	hos	to d	8	ı
	ate	as re	at a	ior	rove	
	Hific	M (E	A.C	d p	ddb	i
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released chave: (1) An accident	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must	
	This	the body was released	Was	dec	writ	
						1

1-25%	7)			Y HEALTH DEPARTMENT		71 0046		
C -2100		71 0	646 CERTIFICA	TE OF DEATH	REG. NO.	9.T 0040		
BIRTH NO.	EACED		0.20		AND HOUR OF DEAT			
Type or Print)		a Cason						
				Jan. 20, 1971 8:30 A				
			ONOUNCED DEAD	A STATE B. COUNTY  Md  13-0				
FULL NAME OF	(IF NOT	IN HOSPITAL OR II	ISTITUTION, GIVE STREET					
NOTIVITAN		0.1. 20 01 1.1.01.11		c. CITY OR TOWN Baltime		NSIDE CITY LIMITS?		
	1 COLORE	HOODEMAT		The second secon		YES 🔀 NO 🗌		
37	MERCI	HOSPITAL		E. STREET AND NUMBER 821 B:	rooks Lane			
SEX /	6. RACE	7- MAR	RIED NEVER MARRIED X	& DATE OF BIRTH	9. AGE (In yeers lest birthday)	if Under 1 Yr. Il Under 24 Hrs. Months! Deys Hours Min.		
F	N	WIDO	WED DIVORCED	11-12-58	12			
			D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY		
one during mest of s		n if retired)		Maryla	and	U.S.A.		
3. FATHER'S NA				14. MOTHER'S MAIDEN				
		11. 0						
2 144		ell Cason			ey Cook			
5. Was Deceased les, no or unknown	Of yes, give	war or dotes of serv	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
no			none	Shirley Ca	ason	same		
18	6 8 1		CAUSE OF DEA			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
rise to the	GONDITION  CANT CONDITION	ONS, if any, give (A) stating N last.  TIONS CONTRIBUTIONS TO THE TERM!	ING	epatic C s'A CONSEQUENCE OF: li Hepatic	Weeko Sis			
DISEASE OR C	ONDITION GIV	VEN IN PART 1 (A).		1904	- No. 100 to year tree	es supplies considers		
OTHER SIGNIF TO THE DEAT DISEASE OR C	OPERATION	WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes o	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?		
OR CONTRIBL	NT WAS UND UTINO CAU medical exam	ERLYING   SE OF	218 PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21 C. WHERE DI office bidg. INJURY OCCU	D (if In Boltin	mere City, give exact lecation)		
OF INJURY (APPROX.)	(Month) (De	cy) (Year) (Hous)	While At Werk At Werk	1,4,4,5,10,8,10	INJURY OCCURT			
22. I cartify	that (I) (this	hospital) attend	led the deceased from		19to	19		
		e deceased alive		19an		opinian death accurred on the dat		
and hour and	d from the co	uses stated Abo	ve. (i) (We) (did) (did not)	view the body after dea	ith.			
23A. SIGNATU		11		•		238, DATE SIGNED		
		J. Aziz	T. D. DEGREE PH	tending Med. Director	Staff Phys.	1-20-71		
23 C. PHYSICIA NAME (T	N'S ypel	S.,	AZIZ, M.D DEGRE	23D. ADDRESS	100			
4A. BURIAL CRE	MATION, 248 Specily)	DATE 2	C. NAME OF CEMETERY OF C		D. LOCATION	(City, town, or county) (State)		
Buri	al 1	@25*71	New Catheral		Baltimor			
JAN 8	BY HEALTH	BRE E	M. O. L. C. S. L. V.	25C FUNERAL DIREC	would Dans	13/2 11 Collago		
	4.0					The state of the s		



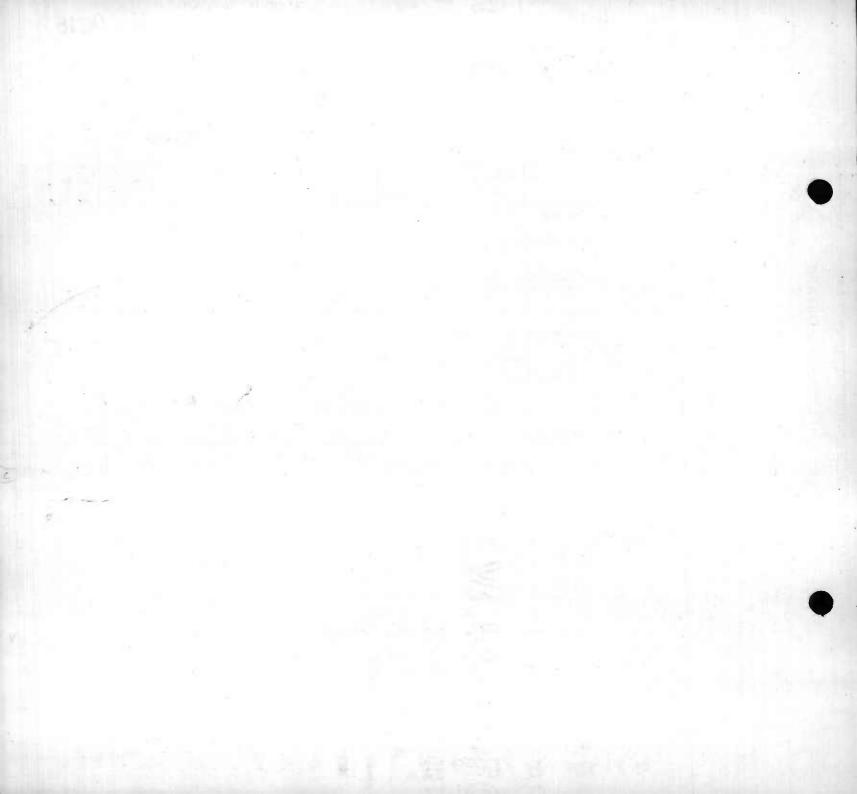
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	101 8 0 4 100	BALTIMORE CITY	HEALTH DEPARTMENT	Age A	
BIRTH NO	71 0647	CERTIFICA	TE OF DEATH	REG. NO	<u>U647</u>
1. NAME C	OF DECEASED POINT POINT	03 m)	2. DATE AND	HOUR OF DEATH	.45
3. PLACE	IN BALTIMORE MARYLAND, WHERE P	RONOUNCED DEAD	4. USUAL RESIDENCE (Whee	deceased lived. If institutions	residence/belove admission
FULL NAME HOSPITAL	OR ADDRESS OF LOCATIONS	NSTITUTION, GIVE STREET	A. STATE B. COUNT	D. INSIDE CITY	5-01
UNIV	reasity of Mari	atiqeed unally	E. STREET AND NUMBER	YES V	4
5. SEX		Disp C Meyer was C	8. DATE OF BIRTH 19	LYFAC ST	<u> </u>
MAL 10A. USUAL	5 N1 A	RIED NEVER MARRIED DIVORCED DIVORCED	1/23/10	ost bighday Month	der 1 Yr. If Under 24 Hrs. S Doys Hours Min.
dane during	mast of working life, even if retired)		mal	n country)  12. Cl	TIZEN OF WHAT COUNTRY
13. FATHER	S NAME		14. MOTHER'S MAIDEN NAM	E U	.0,4
1 3:	EN		THERESA		
15. Was De (Yes, na or u	ceased Ever in U.S. Armed Farces? nknown) (If yes, give war ar dates of sen	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		UnknowN	Unknown	)	
18.	DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) IMMEDIATE CAU	ARCINOMA IN	bungs->	unichano
hearl	does nat mean the mode of dying, ailure, asthenia, etc. It means the disc or camplication which caused death.)	DUE TO, OR AS	A CONSEQUENCE OF	WN.	COPYLET YOUR O
	ANTECEDENT CAUSES	Root.	EDED BROND	local a	7 : 1000 - 1000
DISEA	SES OR CONDITIONS, if any, gi	ving DUE TO OR AS	A CONSEQUENCE OF:	10 - piguraya	2 WEEKS
UNDE	o the abave cause (A) stating RLYING CONDITION last	(c) Elect	mI 3tulis	oplanois.	2 WEEKS
O OTHER	II SIGNIFICANT CONDITIONS CONTRIBUTI	NG			
V DISEASI	DEATH BUT NOT RELATED TO THE TERMINE OR CONDITION GIVEN IN PART 1 (A)	NAL	## \$\$\$\$ = === \ # \tag{\tag{\tag{\tag{\tag{\tag{\tag{\tag{		
DE 19A.DA	TE OF OPERATION 198 CONDITION I		20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FINDING	S CONSIDERED DEATH?
0 21A. At	CCIDENT WAS UNDERLYING THE NAME OF	21B PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	(if in Boltimore City, gi	
DEATH	(notify medical examiner)	hame, form, factory, street, off	ice bidg., INJURY OCCUR?	•	10.0000,
OF INJ	JRY	21E. INJURY OCCURRED While At The Not While	21F. HOW DID INJUI	RY OCCUR?	
(APPRO)		Work At Work			
	ertify that (1) (this hospital) attend (we) last saw the deceased alive		2/3/	71/10 0/16	
11 1	ur and from the causes stated above		au the hade after the st	in(my) (our) apinion dec	oth occurred on the date
23A. SIG	NATURE	1	ew the body after death.	23 B, DA	TE SIGNED
	. C. Cromwell	MD DEGREE Phys.	ding Med. St	off ys.	20/7/
NA NA	(SICIAN'S ME (Type)	2	3D. ADDRESS		
24A. BURIAI	CREMATION, 248, DATE 24	DEGREE C. NAME of CEMETERY OF CREA	MATORY 24D. LOC	ATION (City to	or country this is
KEMO	VAL (Specify)	MTP CAT C		ATION (City, town,	or county) (State)
25A. DATE	REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25C FUNERAL DIRECTOR	A County M	ADDRESS
VS 150-REV	10.1	Jaber M.D.	AU Halstea	a TSOO M NO	rth AVe



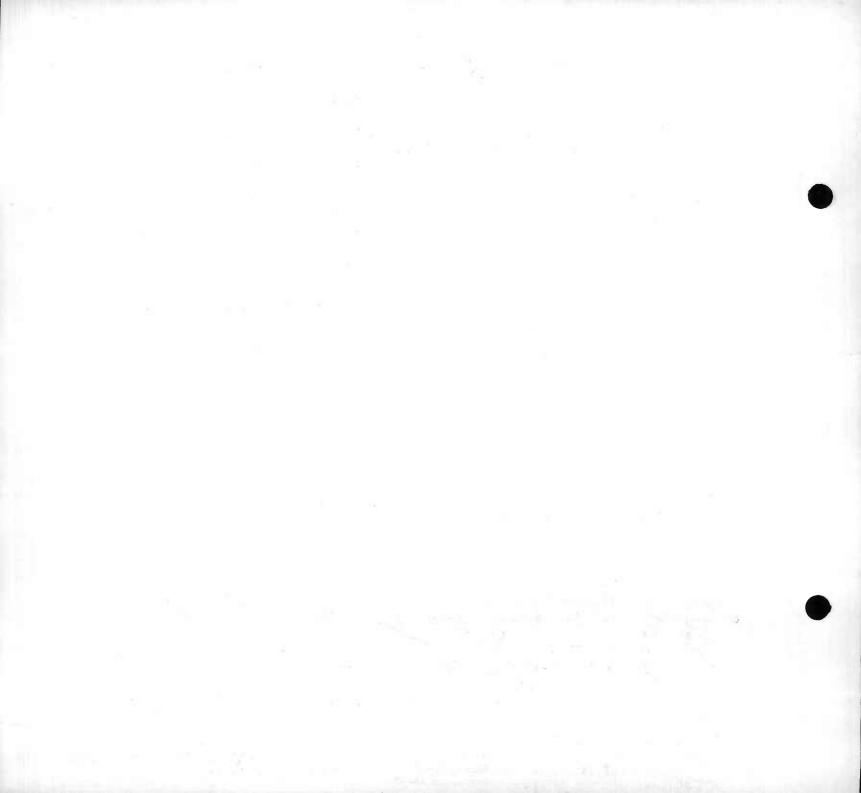
VS 150-REV, 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT

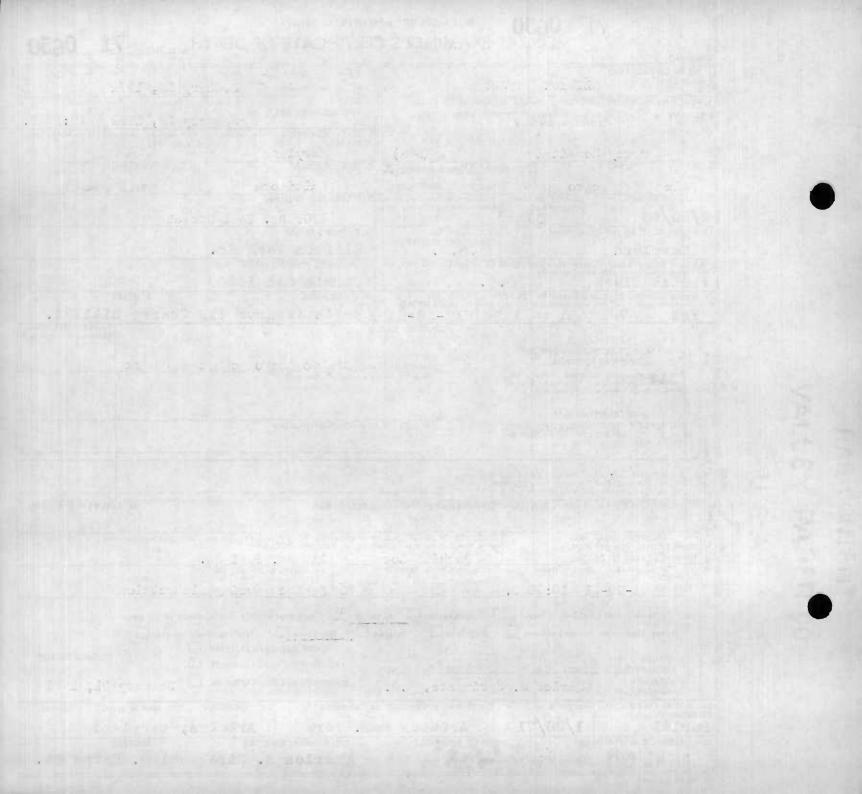


FUNERAL DIRECTOR: IMPORTANT

BIRTH NO.	1 0649			Y HEALTH DEPARTMENT	REG. NO.	71 0649		
1. NAME OF DEC (Type or Print)	CHARLOTTE		RIGHT COLEMAN		HOUR OF DEATH	1/21/000		
3. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION	TIMORE MARYLAND, V (IF NOT IN HOSPI ADDRESS OR LOC Sinai Hospi	AL OR INSTITU ATIONI	Union, GVE STREET	4. USUAL RESIDENCE (White decessed lived. If institution: residence before odmissi A. STATE B. COUNTY  MARYLAND  C. CITY OR TOWN  BALTIMORE  E. STREET AND NUMBER  A. USUAL RESIDENCE (White decessed lived. If institution: residence before odmissi  D. INSIDE CITY LIMITS?  YES X NO				
4 d 5. SEX	6. RACE		NEVER MARRIED	1701 East 31st	Street	Il Under 1 Yr If Under 24 Hi		
Female_	Negro	WIDOWED	DIVORCED	10-7-20	lost birthdoy) 50	Il Under 1 Yr. If Under 24 Hr Months Doys Hours Min.		
done during most of the Housewife	working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fore) Washington, D	•	U.S.A.		
unk	ME			Sarah	ME			
	Ever in U. S. Armed For (If yes, give wer or dete	ces? es of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
no			CAUSE OF DEAT	Mr. James Wrigh	at 1701 E. 3	31st St. 21218		
DISEASES O	R CONDITIONS, if above cause (A) CONDITION lost.	any, giving stoling fhe	(B)(C)	A CONSEQUENCE OF:				
TO THE DEATH DISEASE OR CO	H BUT NOT RELATED TO	HE TERMINAL T 1 (A). DITION FOR WE SPRMED	of left breas	+ 20A. AUTOPSY? (Yes or No.	208, IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?		
DEATH (notify	TING CAUSE OF medical examines	l 21 B. home elc.)	PLACE OF INJURY (e.g., i , form, foctory, street, of	n or obout 21 C. WHERE DID INJURY OCCUR?	(if In Boltimore	City, give exect locotion)		
	(Month) (Day) (Year)		e Al Not While	21F. HOW DID INJU	JRY OCCUR?			
	that (1) (this hospital last saw the decease			19 70 and the	96 to formation (my) (out) opti	19 7/		
and hour and	from the causes state	ed abave. (1)	Atte	lew the bady after death.	Staff Phys.	23R DATE/SIGNED		
23 C. PHYSICIAI NAME (Ty	LOUIS IT	Schat	fer MDEGREE	394 722 W	Loed 5 pm Balt	more, Md 212		
REMOVAL (S			ME of CEMETERY OF CRE			y, town, or county! (Stote)		
Burial	1-23-71 BY HEALTH DEPT.	Arbu	tus Memorial		ltimore, Man	•		
JAN	21 1971 Visit	E. Ja	Ben M. D.	Marshall W.	Jones, Jr.	1 AVE. APPILS		
S 150-REV. 1/1/6	8							



M 200 71 0650 BALTIMORE CITY HE. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH 74 Octo
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)  CLIFTON MACK	2. DATE Known A Month Day Year Hour OF DEATH Estimated January 20, 1971
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD  January 20, 1971 10:30 P.
Mercy Hospital (DOA)	5. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) A. STATE B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED X	Maryland  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
Male Negro WIDOWED DIVORCED	Baltimore YES X NO T
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. lost birthday) Months (Doys), Hours (Min.	Baltimore YES NO DE. STREET AND NUMBER
2/20/40 30	1709 St. Paul Street
11. BIRTHPLACE (State or foreign country)  Maryland  12. CITIZEN OF WHAT COUNTRY? U.S.A.	Clifton Mack Sr.
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	
Postal Clerk  D.C.	Carrie Singleton
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na or unknawn)((I yes, give wgr ar dates of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
Yes   7/18/63 to 1969 212-36-240	Carrie Jackson 118 Cherry Hill Rd.
19. E 96 6 X I CAUSE OF DEAT	TH APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	AUSE Stabwounds of chest and back
heart failure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:
injury ar complication which coused death.)	
ANTECEDENT CAUSES (B)	
RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
0	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.   22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 22C. WHERE DID (If In Sollimore City, give exact location)
UTING CAUSE OF DEATH. Parking Lot	210 St. Paul St. 4-01
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED	1225 HOW DID INTURY OCCURA
(APPROX.) 1-20-71 10:00 P. m. WHILE AT WORK AT WORK	Stabbed during altercation
	apsy and that on this basis, death in my apinion
resulted fram: Natural causes Accident Suicid	
00 1. () 1) 10	CHIEF MEDICAL EXAMINER
SIGNATURE CLEVES J. Samuel M.D.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S NAME (Type) Charles S. Springate, M.D.	ASSOCIATE MEDICAL EXAMINER   January 21, 1971
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 1/26/71 Arbutus Me	em. Park Arbutus, Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 21 1971 Pales & Valley MA	Charles A. Rice 661 W. Barre St.
VS 151-REV. 1/1/68	



DIRECTOR:

FUNERAL

approved



24C. NAME of CEMETERY or CREMATORY

Baltimore Jational

24D, LOCATION

Rice

25C. FUNERAL DIRECTOR

(City, town, or county)

Maryland

661 W. Barre St.

ADDRESS

(Stote)

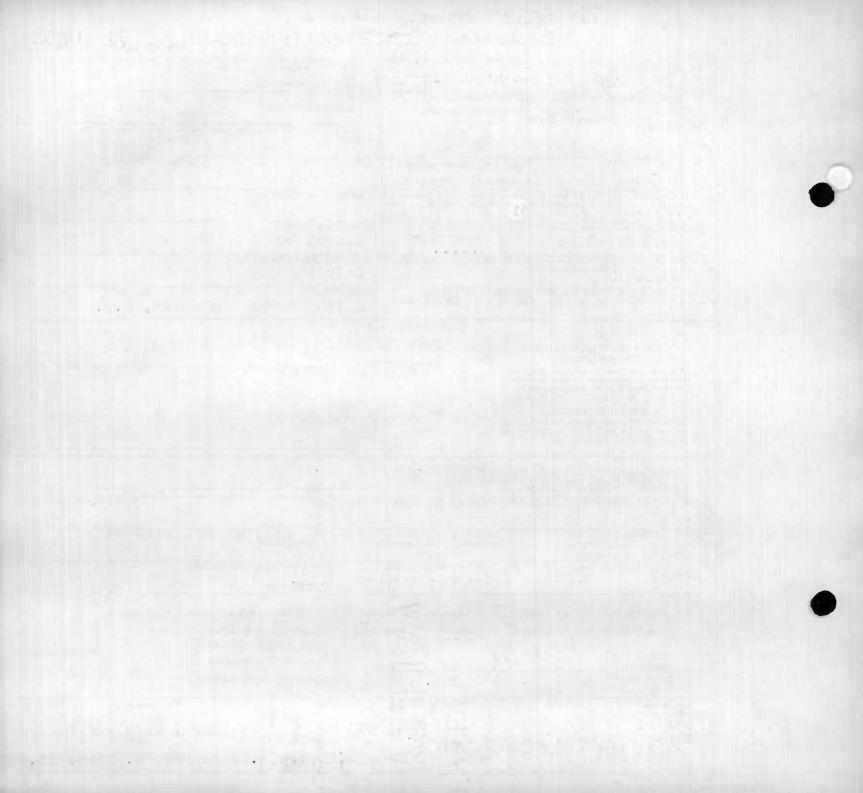
NAME (Type)
24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DE T.

REMOVAL (Specify)
Burial

VS 151-REV. 1/1/68

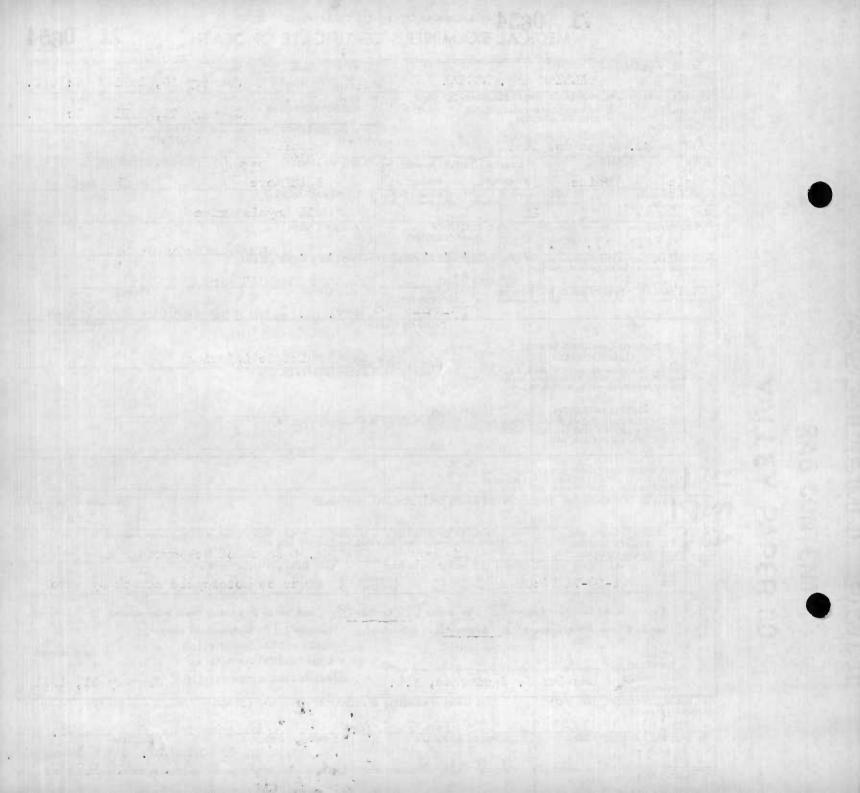
24B. DATE



VS 150-REV. 1/1/68



	-267	)	71 0	654		MORE CITY HE			X		Priori	Onth
r	700		WED	ICAL	EXAM	INER'S	CERTIFI	CATE C	F DEA	TH REG. NO.	11	0654
	H NC.	EASED					11- 5					
(Тур	e or Print)	W	ILLIAM		LACHER		2. DATE OF DEATH	Known 🗵	Janu	ary 20, 1	L971	7:00 P.M.
4. P	LACE IN BAL						3. DATE		Month	Doy	Yeor	Hour
HOS	NAME OF PITAL NSTITUTION	(IF NO	OT IN HOSPITA ESS OR LOCAT	L OR INST	TUTION, GIV	ESTREET		UNCED DEAD		ary 20, 1	_	7:00 P.M.
4	Lo St	Agne	s Hospi	tal			A. STATE			B. COUNTY	n: residence b	efore odmission)
6. \$1		7. RACE			ED NEVE	R MARRIED 🔽	C. CITY OF	Maryland	21204	D. INSIDE CI	TY LIMITS?	03-00
M	lale	Whi		WIDOW		DIVORCED .		Baltimon		Y	Es 🗵 I	No 🗆
	ATE OF BIRTI		10. AGE (In lost birthd by		If Under 1 Yr.	If Under 24 Hrs. Hours   Min.	E. STREET	AND NUMBER				10.23
12	2/23/19	52	1 I I	.8	Montas I Doy:	nours i min.		824 Loyo	la Dri	ve		
11. B	IRTHPLACE (S		,	1	2. CITIZEN WHAT CO		13. FATHER					
144.1		more		4B KIND	II.S.	A S OR INDUSTRY	Rev.	E. Lav	rence	Lacher		
done	during most of w	orking life, e	en il retired)									
16. V	Studen VAS DECEASI	D EVER IN	U.S. ARMED	FORCES?	icatio	CIAL	Kath 18. INFOR	arine (	ilber		DDRESS	
(Yes,	No or unknown)	(if yes, give	wor or doles o	f service)	215-	50-8229	Rev.	E. Law	rence	Lacher		(Same)
1	E 8/	2.2:			(	CAUSE OF DEA			. 0.1100	Datitor		PROXIMATE INTERVAL
		OR CONE	OTTON DIREC	TLY				Mar 1 4 2 - 1 -				
	(This does no	of meon the	mode of dying. It means the	ng, e.g.,		DUE TO, OR		Multiple	e injui	res		
	injury or com	plicotion whi	ich coused deoi	th.)							300	
		TECEDENT				(B)						
	RISE TO THE	ABOVE CA	ONS, IF ANY, USE (A) STATI	GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:				
NO-			TOTA EAST.			(c)						
CERTIFICATION	TO THE DEA	TH BUT NO	II NDITIONS CO TRELATED TO T I GIVEN IN PAI	HE TERMIN	NG NAL							
2					OR WHICH	OPERATION WA	S PERFORA	/ED			21. AUTOF	SY? (Yes or No)
- 400	2											Yes
<b>∀</b> 2	ZA. EXTERN	NAL CAUSE	WAS	2 h	2B. PLACE C	F INJURY (e.g.,	in or obout	2C. WHERE DI	O (if in Boltim	nore City, give exo	ct locotion)	
	UTING CAL	JSE OF DEA			hig	hway	E	Rt.#2 Sou	ith of	Meadowrid	lge Roa	ad 52-00
C	APPROX.)	1-20		30 P.	WHILE AT WORK	NOT				cycle str	nick by	7 21110
2	3.			1								auco
			eld on In				opsy X			s, death in my	_	
	result	ed fram: N	latural caus	es LJ	Accident	K Suicid		micide		nined manner L	J	
	ACTUAL	(1/2	. [1]	1	1	10		CHIEF MEDICA STANT MEDICA				DATE SIGNED
	SIGNATU		harles	C Or	mig	M.D.	•	CIATE MEDICA				1071
240	NAME (T	pel		o. ol						- Jai		21, 1971
REM	BURIAL CREN		248. DATE		24C. NAME	of CEMETERY	or CREMATO	DRY 24	D. LOCATIO	N (City, lown,	or county)	(Stote)
	Burial DATE REC'D	OV HEATTH	1/23/7	losp MA	Loud	on Park			Baltin	more	- 11-	Md.
ZJA.	JAN 91	40ma	ut0	238. NA	ME OF REG	ISTRAR		Jenki		Sons Co.	LI 905	York Rd
VS 15	HAN 61.	1971	V. B. S.	P. S.	A Com	0	010	6 5		Balto	Md. 2	1212
		N	06%	0	-	-						



DIRECTOR:

FUNERAL



	11-20	0	24 71	06	56 BALTIMORE CI	TY HEAL	TH DEPARTME	NT				
11	RTH NO. 1)	020	4 11	. 00	CERTIFIC	ATE	OF DEA	TH	REG. NO	71	0656	
(1	NAME OF DEC ype or Print)	8		SIRL M			2. D/	ATE AN	20-71	1	8.30	Α
3.	PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PRON	OUNCED DEAD	4. U.S	UAL RESIDENC	E (Wher	e deceosed lived, II	institution:	rosidence before	admission)
FI	JLL NAME OF	(IF NOT	IN HOSPIT	AL OR INST	ITUTION, GIVE STREET	11	MARYLAN	-		MORE	CITY	-43
İN	STITUTION	ADDRE	SS OR LOCA	AIIONI		11 0	YORTOWN	е п	D. IN	SIDE CITY	-	, ,
-	THE JO	DHNS H	OPKI	NS HOS	PITAL		BALT I MO			YES	NO [	]
	,					11	2731 E.		DDLE STRE	EET		
5.	SEX	6. RACE	20	7. MARRIED	NEVER MARRIED	8. DA1	E OF BIRTH	19	AGE (In years		er 1 Ye , If Un	der 24 Hrs.
L	FEMALE	NEGF		WIDOWE		j 1	-20-71	- 1	ast birthdoyl	Months	Days Hours	477
do	A. USUAL OCCU ne during most of v	PATION (Give varking life, ev	e kind of work en if retired)	108 KIND	OF BUSINESS OR INDUST	Y 11. BI	THPLACE (State	or farei	an country)	12. CI1	ZEN OF WHAT	COUNTRY
12						*						
13.	FATHER'S NAN		MOODY	,		14. M	OTHER'S MAIDE	N NAN	1E			
10	JERRY MOODY						DESTREE					
(Ye	Was Deceased s, na or unknown)	lif yes, give	war or date	ces? s of service)	SECURITY NO.	17. IN	ORM ANT				ADDRESS	
	18. 77/	6.11	-		CAUSE OF DEA	TH					APPROXIMATE	INTERVAL
	DISEAS	E OR CONT	OITION DIE	ECTLY			./				BETWEEN ONSET	ANO OEATH
	(This does no	if mean the	mode of	dvina. e.a.	(A) IMMEDIATE C		Hysline	M	emly dis	ease	I am I I I I I I I I I I I I I I I I I I	uss
	heart failure, o	asthenia, etc	. Il means	the disease	DUE 10, OR A	ACONS	EQUENCE OF:					
		NTECEDEN			1	?	ale i	-			6 ho	
	DISEASES OF	R CONDITI	ONS, II	ny, giving	(B)	SACON	SEQUENCE OF:	9			a no	urs
	rise to the UNDERLYING	CONDITIO	ause (A) N last	stating the	(c)							
_		Ш			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
HOL	OTHER SIGNIFIC	I RUT NOT PE	LATED TO TH	E TEDMINIA!								
CAT	IDISEASE OR CO	INDITION GI	VEN IN PART	1 (A).	WHICH OPERATION	120 4	441-0-2010 (V					
ERTIFI	2		WAS PERF	ORMED	WHICH OPERATION	20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
U	21A. ACCIDENT	WAS UND	ERLYING	211	B. PLACE OF INJURY (e.g.	in at apo	ut 21C. WHERE I	OID	(If In Baltimar	City, giv	re exact lacation)	
CAL	DEATH Inolify	medical exom	ined	elc	me, form, factory, street,	omce bldg	MINJURY OCCI	U R?				rien.
(EDI	21 D. TIME OF INJURY	(Month) (De	y) (Year)	(Hour) 21 E	INJURY OCCURRED		21F. HOW DI	חנאו ס	RY OCCUR?			
\$	(APPROX.)	_		WI	hile At Wh							
	22. I certify t	hat (1) (this	-hospital)	attended t	the deceased from	1/2	0	19	2/_to/	1/2	0 10	11
	thot (1) (we) 1				11-3	1	9_7/_0		in (my) (our) opi	,		,
ı	ond hour ond	from the co	uses state	ed above. (	(1) (We) (did) (did not)	vlew the	body ofter de	ath.			000001100 011	
	23A. SIGNATUR	Ę	0 (	7	5					23B. DAT	E SIGNED	
	14/0	inne	1. 2	Glend	ein Morgree Ph	ending [	Med. Director	S	hoff A	1/	20/7/	
	23C. PHYSICIAN NAME (Typ	I ANNI	ES.	ELFENI	BEIN		E JOHNS	ь но	PKINS HO	SPIT	AL	
24A	BURIAL CREM	ATION, 24B	DATE	24C. N	AME of CEMETERY of CI	EMATOR	Y  2-	4D. LO	CATION (Ci	ly, town, o	or county)	(Stote)
	Cremati	1 -	/21/7	1 ] Ja	ohns Hopkin	в Ноя			N Broadw		Balto.	
154	DANE REC'D		PP A		OF RECISTRAR		FUNERAL DIRE			~ <u>T</u>	ADDRESS	,
IA	N ET 13/	Jeson	(1,0)	-		-	HUSPIT	CAT	DISPOSA	L.		
15	150-REV. 1/1/68											



71 0657 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. 1. NAME OF DECEASED 2. DATE OF Known 🗌 Doy Month Hour Yeor HENRY DRAKE Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Doy Yeor Hour FULL NAME OF HOSPITAL OR INSTITUTION PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 2:18 а м. 20 1971 5. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE B. COUNTY 118 N. Amity St. Md. 7. RACE C. CITY OR TOWN 6. SEX D. INSIDE CITY LIMITS? 8. MARRIED NEVER MARRIED

mare	negro	MIDOMED	DIVOR	CED L	Balto.	The state of the s	YES X	NO L
DATE OF BIRTH			Under 1 Yr, If Under		T AND NUMBE	R		
Decilo	01925 lost birthdo	(v)	onths, Days, Hours	i -	18 N. Ami	ty St.		
. BIRTHPLACE (S	tote or foreign country)	12.	CITIZEN OF		ER'S NAME			
Halita	ex N.C.		WHAT COUNTRY	? //6	WYVL	pako		
A. USUAL OCCUP	PATION (Give kind of work	14B. KIND O	F BUSINESS OR IN	DUSTRY 15. MO	HER'S MAIDEN	NAME	,	
Lapo	orking life, even if retired)			Ca	Frie 9	Judge It		
	D EVER IN U.S. ARMEI (If yes, give wor or dotes		17. SOCIAL SECURITY I	18. INFO	DRMANT /	2	ADDRESS	1 11 01
NO	(ii yes, give wer or deles	0. 50	SEGORITY I	108	SOPHIN	& Drafe	118 11.	FAITS ST
19. 4	2.4		CAUSE	OF DEATH	11	,		WEEN OF T AND DEATH
DISEASE	OR CONDITION DIRE	CTIV	Arterio	sclerotic	cardiova	scular disea		
	EADING TO DEATH	CILI						
(This does no	of mean the made of dy	ring, e.g.,		TO, OR AS A CON	EQUENCE OF:			
	osthenio, etc. It means the plication which coused de							
	NTECEDENT CAUSES		(B)	TO, OR AS A CON	ISTOLIEN OF			
RISE TO THE	R CONDITIONS, IF AN' ABOVE CAUSE (A) STA	TING THE	Dos	10, OK AS A COP	SEQUENCE OF:			
UNDERLYIN	IG CONDITION LAST.		(c)					
	11							
	IFICANT CONDITIONS C							
	TH BUT NOT RELATED TO CONDITION GIVEN IN P		AL					
20A. DATE OF	OPERATION 208. CO	NDITION FO	R WHICH OPERAT	ION WAS PERFO	RMED		21. AUT	OPSY? (Yes or No)
0							ne	
22A. EXTERN	NAL CAUSE WAS	228	B. PLACE OF INJU	RY (e.g., in or obou	1 22C. WHERE I	OID (II In Boltimore City,	aive exoct location)	
	OR CONTRIB-	hor	me, form, loctory, st	eet, office bldg., etc	) INJURY OCCL	JR? `		
	Month) (Doy) (Yeo	r) (Hour)	22E, INJURY OCC	110050	22E HOW DIE	INJURY OCCUR?		
OF INJURY	Moniny (Doy) (1eo	r) (nour)	WHILE AT	NOT WHILE	22F. HOW DIL	J INJURY OCCUR?		
(APPROX.)		m.	WORK	AT WORK				
23.								
		nquiry [	inspection		and that	on this basis, death	in my opinion	
result	ed from: Natural cau	ses X	Accident L	Suicide	Homicide L	Undetermined mo	nner	
	V	1 21	1/11		CHIEF MEDIC	AL EXAMINER		DATE SIGNED
SIGNATU	IRE 1 Could	11	lab L	M.D. A	SSISTANT MEDIC	CAL EXAMINER		DATE SIGNED
EXAMINE	R'S	111		Δ	SOCIATE MEDIC	CAL EXAMINER		
NAME (T	ype) Ronald	N. Korr	nblum, M.D	•			1-2	20-71
A. BURIAL CREA			24C. NAME of CE	METERY OF CREM	TORY	24D. LOCATION (C	ity, town, or county	(State)
SILLIAN	Ja119	2 100%	811411	ulalla	1hm	DOULE	1/1/	
A DATE RECTO	BY HEALTH DEPT.	125B NAA	AE OF REGISTRAR	WWY/	E. FUNERAL DIR	PECTOR /	ADDRESS	
781 97 40	01 3000	3 3	and it	25	11:111	the state of	1/ 2000	21.1.1.1.1
HIN ET 19	1 see E.	4 40000	May 0	991	1631180	Stillery The	THE 319 11.	squared st
151-REV. 1/1/68						/ /		

DECORPORT HoliFex N.C. Carrie Princh Laporer Josephine Fretz HER Knite Event Junesym Affledown Com. Edle All - Hilliand James from 34 H. Let well a

-	, a pa	4.4	BALTIMORE CITY	HEALTH DEPARTMENT		E14 0 -0			
1-60	00 .1	1 065	CERTIFICA	TE OF DEATH	REG. NO	71 0658			
BIRTH NO.	DECEASED		0=1(11111011		ID HOUR OF DEATH	4			
(Type or Print)		y Moult	on Terry	Jan.	19,1971	M			
3. PLACE IN	BALTIMORE, MARYLA	ND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	re deceased lived. If ITY	institution: residence before admission)			
FULL NAME	OF (IF NOT IN	HOSPITAL OR INS	TITUTION, GIVE STREET	Md.		3-02			
HOSPITAL OR	ADDRESS O	R LOCATION)		Balto.	D. IN	SIDE CITY LIMITS?			
1083	W. Fayet	te St.		E. STREET AND NUMBER					
00				1083 W. Faye	tte St.				
S. SEX	6. RACE		ED NEVER MARRIED	March 2,1968	9. AGE (In years lost birthday)	Months Doys Hours Min.			
Female		***************************************							
	st of working life, even if		OF BUSINESS OR INDUSTRY	Balto. Md.	ign country)	12. CITIZEN OF WHAT COUNTRY			
13. FATHER'S	NAME			14. MOTHER'S MAIDEN NAM	ME				
Charl	les Moulto	n		Bettie Ranse	M				
15. Wos Deced	osed Ever in U. S. An	med Forces?	1 6. SOCIAL e) SECURITY NO.	17. INFORMANT		ADDRESS			
no	onn, in yes, give not	0, 00,03 0, 00,010	218-18-1598	Rebecca Fish	er 1089 1	W. Fayette St			
1B. 4.6	1 1 6pm		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DIS	EASE OF CONDITI	ON DIRECTLY							
	LEADING TO	DEATH	(A)IMMEDIATE CAR	stalls were	Das die	Style 14 81 1200			
	es nat mean the mure, osthenia, etc. It		.g., DUE TO, OR AS	A CONSEQUENCE OF:					
	camplication which		30,						
	ANTECEDENT C	AUSES	(0)						
DISEASES	OR CONDITION	S, if any, giv	ing DUE TO, OR AS	A CONSEQUENCE OF:					
	the above cous								
ONDERE		usi,	(C)						
Z OTHER SIG	II SNIFICANT CONDITIO	NS CONTRIBUTION	IG						
F TO THE D	EATH BUT NOT RELAT	ED TO THE TERMIN							
19A. DATE	OF OPERATION 19		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?			
19A. DATE									
OR CONT	IDENT WAS UNDERLE RIBUTING CAUSE of the medical examine	YING D	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	ffice bidg., INJURY OCCUR?	(If In 8altim	are Cify, give exoct location)			
21 D. TIME	(Month) (Doy)	(Year) (Hour)	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?				
OF INJUR			While At Work At Work						
22. 1 cars	tify that (1) (this h	ospital) attende	d the deceased from 2		19 7 to	19 1971			
	we) last saw the d		1 11	//		pinlan deoth accurred on the dat			
, , ,				view the body after death.					
23A. SIGN				,		23B. DATE SIGNED			
May	Ruem &	tw W t	Ph.	ending Med.	Staff Phys.	1/21/71			
23C.PHYS	ICIAN'S		DEGREE	23D. ADDRESS	10-121	n Dur			
M.	Mak	12.500 c	DEGREE	xxeltin	23	1515,52			
24A. BURIAL REMOYA	CREMATION, 24B. D	ATE 240	NAME OF CEMETERY OF CR	EMATORY 24D. L	OCATION	City toyun of county) (State)			
Bush	11/2	25/7/1	salle. Haller	M (UM: 15)	116.	1/11			
2SA. DATE RE	C'D BY HEALTH DE	25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTO	7	11 10 MODREST			
JAN	77 JAN 0	666 E 48	Aller Carlo	Dellans Ti	well for	MC31971 SURVICALIS			
1/6 2 CO DEL/ 3	1/1/40				7				

IMPORTAN DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? YES -NO Il Under 24 Hrs. Hours i Min. Il Under 1 Yr. Months! Doys Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH min 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Boltimore City, give exact location) and that in (pg) (our) opinion death occurred on the dote 23B, DATE SIGNED (Stotel

11997

B. J. L.

1-500 71	NEGO BALTIMORE CIT	TY HEALTH DEPARTMENT	1 0660
BIRTH NO.	CERTIFICA	ATE OF DEATH REG. NO	
1. NAME OF DECEASED		2. DATE AND HOUR OF DE	ATU
(Typo or Print) Alm A	LAWE	10 TANA	/ 10==
3. PLACE IN BALTIMORE, MARYLAND, W	HERE BROWN WINCED DEAD	18 STANGE	F 197L
FULL NAME OF OF NOT IN HOSPITA	AL OR INSTITUTION CIVE STREET	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before odmissio
INSTITUTION ADDRESS OF LOCA	IION)		INSIDE CITY LIMITS?
Smer Mospital	AL Bathain	Saltimere	
Sines proprie	1 Dalysmen	E. STREET, AND NUMBER	YES X NO .
SEL / GRACE		1925 Breitwek	+ Are. 25.53
Fems/a CAVE"	7- MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthdoy)	Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work	108 KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTE
ione during most of working life, even it reffred)			
Housewife		Maryland	U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	cker	Emma Becl	ker
5. Was Deceased Ever in U. S. Armed Forc Yas, no or unknown) (If yas, give war or dates	of service)   6. SOCIAL   SECURITY NO.	17. INFORMANT	ADDRESS
No		Mr. George R. Lane, 1925	Breitwert Ave. 212:
18. 4 12. 4 4 17	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIR	ECTLY	D garage	BETWEEN ONSET AND DEAT
LEADING TO DEATH		YUMOBARI HOYRE	7
This does not mean the mode of	dying, e.g., (A) IMMEDIATE CA	A CONSEQUENCE OF:	
heart failure, asthenio, etc. Il means	the disease,	A CONSEGUENCE OF:	
injury or complication which caused	deom./	1 = = 201)	i i
ANTECEDENT CAUSES	(0)	45 (10 1)	
DISEASES OR CONDITIONS, if a	ny, giving DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the above couse (A)	slaling the		
UNDERLYING CONDITION last	(c)		
		1	
OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING O	1	
ITO THE DEATH BUT NOT RELATED TO THE	E TERMINAL SECTION	TCA	
DISEASE OR CONDITION GIVEN IN PART	1 (A).		
WAS PERFO	RIION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
21A ACCIDENT WAS UNDERLYING		105	and the second
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	218 PLACE OF INJURY (e.g., home, form, foctory, street, o	in or obout 21 C. WHERE DID (If in Bolt line bldg., INJURY OCCUR?	imore City, give exoct location)
21D-TIME (Month) (Doy) (Year)	(Hour 21E INJURY OCCURRED	215 HOW DID BUILDING COURS	
S OF INSURT		21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Work At Work		
22. I contifue that #Y/ship hamitant)			10 2 8 . /
22. I certify that My (this hospital)		8 JAW 19 7/10	8 VMW 197/
that (we) last saw the deceased	olive on 18 JAN	19and that Inter() (our)	opinion death occurred on the dat
and hour and from the causes state	d shove AVIWA) (ALA) (AVA)	damaka bi da abaa baad	
23A-STGNATURE	ייוניין עומי (מומי עמים איין אויין	new the body differ death.	
1	120Pl		23B DATE SIGNED
Mong y	Althe Phy	s. Med. Staff	18 VANI)
23G. PHYSICIAN'S	A CONTRACT	23D. ADDRESS	100111011
NAME TYPE POIC OC	trott KII)	Cina: Hospinial	B klimer P
I MUKKA CO	DEGREE	2/10/10/10/19/19	elymon
A. BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CRI	EMATORY 24D. LOCATION	(City, town, or county) (State)
Burial 1-21-197	1 Parkwood Cemeter	Baltimore,	Maryland
A. DATE REC'D BY REALTH DEPT.	SE NAME OF REGISTRAR	25C FUNERAL DIRECTOR	ADDRESS
INN 25 TOTE PLACE	Carle M. A.	Howard H. Hubbard, 4107	
150 PEV 1/1/4		proverd it. Hubbard, 410/	WIIKEHO MVE ZIZZY
150-REV. 1/1/68			

X 222 grading to the second 

FUNERAL DIRECTOR:

J-45 BIRTH NO.	71	0661		Y HEALTH DEPARTA		71 0661
1. NAME OF D (Type or Print)	JAMES /	1 0	ALLON . SI		DATE AND HOUR OF DEATH	, 45
	ALTIMORE MARYLAND, W				11/119/1	1 / 70 /3.
				A. SIAIE	B. COUNT	institution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	Maryland	Baltimo	
Mantollok				Arbutus	D. IN	SIDE CITY LIMITS?
0	Hood Nursing	Home		E. STREET AND NE	JM BER	YES NO X
40	Hood Nursing 5313 Edmondson	n Ave.			hfield Avenue	
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr., Il Under 24 Hrs.
ale	White	WIDOWED	DIVORCED	4-16-1897	lost birthday)	If Under 1 Yr. II Under 24 Hrs. Manths Days Haurs Min.
bone buring most	CUPATION (Give kind of work of working life, even if retired) re Assembler	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stor	·	12. CHIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S N.	AME			14. MOTHER'S MAI	DEN NAME	
	Lawrence Fa	11on			Ellen Polemen	
5. Was Decease	ed Ever in U. S. Armod Far vn) (If yes, give wer er date	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS 0100
Yes	W W I	- or services	215-09-3359	Mr Tama	r Follon In 14	2122
18. / /	0.91		CAUSE OF DEAT		s ration, Jr. 1	039 Beechfield Ave.
DISE	ASE OF CONDITION DIE	ECTLY	OTTO OT DEAT			BETWEEN DISET AND DEATH
	LEADING TO DEATH		A A DAMAGRIA WE CAN	Les And	MI	h
(This does	nal mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		nu.
injury or co	e, asthenio, etc. It means emplication which caused	deoth.)		4	ų.	
	ANTECEDENT CAUSES			ACH	1)	1/2
DISEASES	OR CONDITIONS, if	any, giving	(B)DUE TO, OR AS	A CONSEQUENCE OF	L)	YEN,
rise lo t	he abave cause (A)	sloling the			•	
UNDERLIN	NG CONDITION last.		(c)			***************************************
TO THE DEA	IFICANT CONDITIONS CON ATH BUT NOT RELATED TO TH	E TERMINAL		Chronic	Obstrictive lux	p Opene yens.
19A. DATE O	CONDITION GIVEN IN PART OF OPERATION 198 CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Y	es or No. 208 IF YES WEDE	FINDINGS CONSIDERED
	WAS PERF	ORMED			IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING DESUTING CAUSE OF fy medical examined	21 B. 1 hame elc.)	PLACE OF INJURY (e.g., it of form, factory, street, of	or about 21C. WHERE	DID (If in Boltimo	re City, give exact location)
21D.TIME OF INJURY	(Manth) (Day) (Year)	(Haur) 21 E.	INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
(APPROX)		While				
22 1		Work				1-1-
	y that (I) (this hospital)			5/16/	19 <u>00</u> to	//Z////
	) last saw the decease			19 <u>//</u>	and that in (my) (aur) api	nian death accurred on the date
and hour ar	nd from the causes state	ed abave. (I)	(We) (did) (did not) v	lew the bady after	death.	
23A. SIGNAT	-7() A.		S .			23B, DATE SIGNED
	Tanan Addi	mez m	DEGREE Phys	nding Med.	Stoff Phys.	1/17/187/
NAME (	ANS ADNAN	M. Sa	NMEZ_	1011 Fred		L Md
AA. BURIAL CR	EMATION, 248. DATE	24C. NA	ME of CEMETERY OF CRE	MATORY	24D. LOCATION (Ci	ty, town, or county) (State)
Burial	1-20-7	1 Gett	ysburg Nat.	Cemetery		Pennsylvania
SA. DATE REC'I	D BY HEALTH DEPT.	258 NAME OF	REGISTRAR	25C FUNERAL DI		ADDRESS
GA NAG	1971 Jaber &	value,	25	Howard H.	Hubbard, 4107 V	Vilkens Ave. 21229
5 150-REV. 1/1/	/6B					

17 12 12 

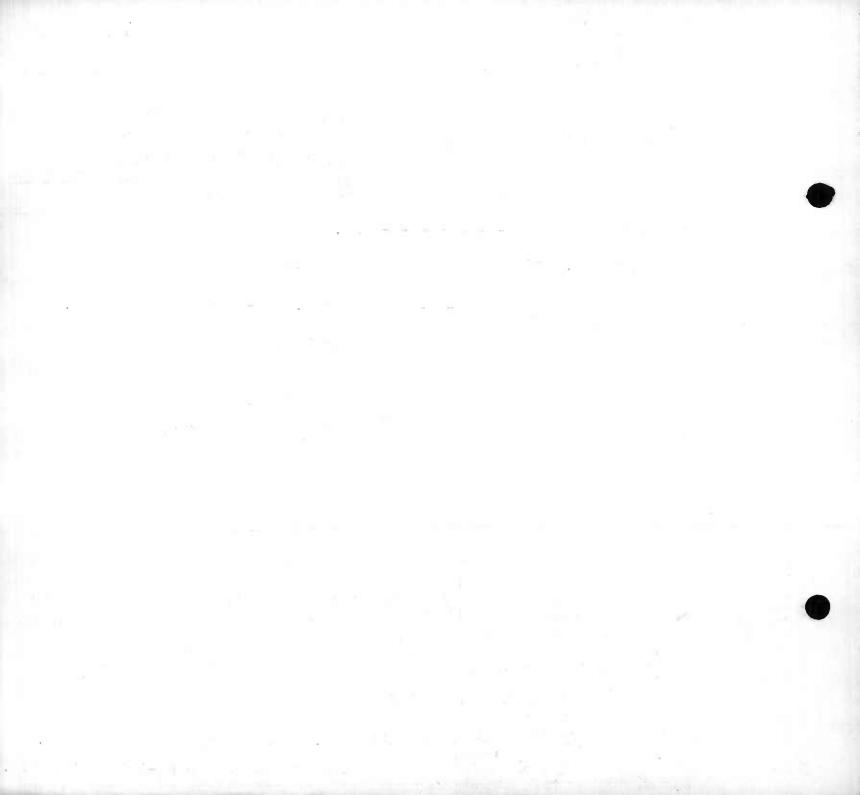
THE A SECRET LESS OF THE SECRET SECRET.

	TH NO.	.71 ASED	0662	CERTIFICA		EATH	REG. NO		068	32
Ľ	pe or Printl			ON ELMER		JANU	ARY 19,	1971	1:	40A . M.
	PLACE IN BALTI	A. SIATE	B. COU			53.	-00			
HC	LL NAME OF DSPITAL OR STITUTION	ST. AGNES HOSPITAL			C. CITY OR TO	WN	BALT I MOR	INSIDE CITY L	21227	
	1/0				E. STREET AND NUMBER					
	70				1008 ELM RD.					
	ALE	WHITE	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIE	05	9. AGE (In years lost birthdoy)	If Under Months	Doys Hours	nder 24 Hrs.
don M	ATNTENA	ATION (Give kind of work orking life, even if retired) NCE	First Na		VIRGIN		ign country)		S.A.	T COUNTRY?
	FATHER'S NAME				14. MOTHER'S MAIDEN NAME					
	ARL ROL	CORA (MERDIN)								
(Yes	NO  1B.	ver in U.S. Armed Ford If yes, give war or dote:	s of service)	security NO. 15074418	ST . AG	WILKEI NES H	S AVES.	BALTO RE CORDS	ADD 2	1229 N &
ATION	heart foiture, as injury ar cample  AN DISEASES OR tise to the UNDERLYING OTHER SIGNIFIC TO THE DEATH	mean the mode of sthenia, etc. It means ication which caused ITECEDENT CAUSES  CONDITIONS, if above cause (A) CONDITION fast.  II  ANT CONDITIONS CONBUL NOT RELATED TO THE	the disease, death.)  any, giving stating the   NTRIBUTING HE TERMINAL	(B) /) S	C V D  A CONSEQUENC		1 è car	> _		
	19A. DATE OF O	PERATION GIVEN IN PART 198 CONE WAS PERF	DITION FOR WHI	CH OPERATION	20A. AUTOP	SY? (Yes or No	208, IF YES, WI	RE FINDINGS CAUSES OF E	CONSIDERED DEATH?	
A	21A. ACCIDENT OR CONTRIBUTI DEATH (notify m	WAS UNDERLYING NG CAUSE OF	218, PL, home, etc.)	ACE OF INJURY (e.g., i form, foctory, street, of	or about 21 C. W	HERE DID	(If In Boli	imore City, give	B exoct location	)
MEDICAL	(APPROXI	Month) (Doy) (Year)	While Work	- AL HOIK			URY OCCUR?			
	22. I certify that (1) (this hospital) attended the deceased from JANUARY 15 19 71 to JANUARY 19 19 71									
	that (1) (we) last saw the deceased alive an JANUARY 19 19 71 and that in ()(y) (aur) apinian death accurred an the date									
	and haur and from the causes stated abave. (1) (We) (dld) (M) (lox) view the body ofter death.  238. DATE SIGNED									
	Ch.	up thei T.	Seri, 12.		. L. D	led. irector	Staff Phys.	1/1	19/71	
	23C.PHYSICIAN NAME (Type	King - HI	mi Tsa	u m DEGREE	CATON	& WILK	ENS AVES	BALT	0-MD.	21229
24A	REMOVAL (Spe Burial	1-22-19		on Park Ceme			CATION Ltimore, M	(City, town, or	r county)	(Stotel
<sup>25</sup> / <sub>2</sub>	N25°197	HEARTH DEPT	158. NAME OF I	EGISTRAR	25C. FUNER	AL DIRECTOR	A		ADDRESS ns Ave.	21229
VS 1	50-REV. 1/1/68		-				,			

The statement of the st From the grant and the great of the SHELL STREET

FUNERAL DIRECTOR: IMPORTANT

1. N	11/1 74 006	2 BALTIMORE CITY	HEALTH DEPARTMENT				
	-/00 71 U66	CERTIFICA	TE OF DEATH	REG. NO	71 0663		
TIME	DOROTHY L	EAF	2. DATE A	PHOUR OF DEATH	17451		
3. 1	PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (WH	ere deceased lived. If in	stitution: residence before odmissie		
			A. STATEO B. COU	ATY '	19		
HO	LL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	WIV.		27-55		
INS	Sill Billon		C. CITY GRITOWN	D. INSI	DE CITY LIMITS?		
1	SINAL HOSP OF	BAUTO.	E. STREET AND NUMBER		YES NO		
0			55 (8 MA	TTFELT	AVE.		
5. S	T W MARK	NEVER MARRIED DIVORCED	8. DATE OF BRTH	9. AGE (in years last birthday)	Il Under 1 % Il Under 24 Hours Min.		
10Å.	USUAL OCCUPATION (Give kind of work 10B, KIN)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lore	ign country)	12. CITIZEN OF WHAT COUNT		
00110	Housewife -		Md.		USA		
13. 1	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
	William S. O'Neil	7	Elsie Lu				
E 1				0.00	Asia Library		
Yes	Was Deceased Ever in U. S. Armed Forcas? ,no or unknown) (II yes, give wor or dates of sorvi	ce) SECURITY NO.	17. INFORMANT		ADDRESS		
	No	216-32-11961	Harry H. Leaf	-5518 Matt	feldt Ave.		
T	18. 150 9 1	CAUSE OF DEATH			APPROXIMATE INTERVA		
	DISEASE OF CONDITION DIRECTLY				BETWEEN ONSET AND DE		
	LEADING TO DEATH	4	"MI				
	(This does not mean the made of dying,	e.g., DUE TO, OR AS	36	************************			
	heart failure, asthenia, etc. it means the disease,						
	ANTECEDENT CAUSES  ANTECEDENT CAUSES  ACTION DE LA COURSE						
		(B)	Tterrosclero	811			
-	DISEASES OR CONDITIONS, if any, givenise to the above cause (Al stating	ving (B) DUE TO, OR AS	A CONSEQUENCE OF:	M. 11-1			
	UNDERLYING CONDITION lost.	(C)	Marges	I very us			
-	\\\/						
N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	NG			1		
	TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).	IAL	**************				
	19A. DATE OF OPERATION 119B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE F	INDINGS CONSIDERED		
CERTIFIC	WAS PERFORMED			IN CERTIFYING CAL	INDINGS CONSIDERED JSES OF DEATH?		
	21A ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (notify medical examined	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, all etc.)	or about 21 C. WHERE DID	(II In Boltimore	City, give exact location)		
اای	21D. TIME (Manth) (Day) (Year) (Houd)	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUP?			
اای	OF INJURY (APPROX.)	While At Not While					
MEDICA		Work LJ At Work			1		
MEDICA	22. I certify that (I) (this hospital) attended the deceased from 1/21 197 to 1/21						
MEDICA	22. I certify that (I) (this hospital) attende	ed the deceased from	1/11	19 1 to 1	<u> </u>		
MEDICA	22. I certify that (I) (this hospital) attende thosy (we) lost saw the deceased alive a	. / . /	0		ion death occurred on the de		
MEDICA	that (we) lost saw the deceased alive of	n // V/	19 7 and th		ion death occurred on the d		
MEDICA		n // V/	19 7 and th				
MEDICA	thor (we) lost saw the deceased alive cond hour and from the causes stated above	on // //  b. (12 (We) (did) (did not) vi	19	ot in (par) (our) opin	ion death occurred on the di		
MEDICA	ond hour and from the causes stated abave 23A. SIGNATURE	on (V) (We) (did) (did not) vi	19				
MEDICA	thor (we) lost saw the deceased alive cond hour and from the causes stated above	on (V) (We) (did) (did not) vi	19	ot in (ps) (our) opin			
MEDICA	cond hour and from the causes stated abave  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  TOTMATO	on (V) (We) (did) (did not) vi	19	ot in (ps) (our) opin			
MEDICA	cond hour and from the causes stated abave  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  TOTMATO	on (V) (We) (did) (did not) vi	19	ot in (1997) (our) opin	23B, DATE SIGNED		
MEDICA	thor () (we) lost saw the deceosed olive of cond hour and from the causes stated abave 23A. SIGNATURE  23G. PHYSICIAN'S NAME (Type)  BURIAL CREMATION, 24R. DATE 24G.	DEGREE Phys.  DEGREE Phys.  LEU 2664  C. NAME OI CEMETERY OF CREI	and the bady ofter death.  Iding Med. Director 30. ADDRESS	Staff Phys. CCATION (City	23B, DATE SIGNED  ( MA)  ( stown, or county) (Stote)		
WEDICA	thor W (we) lost saw the deceosed olive of cond hour and from the causes stated abave 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  EURIAL CREMATION, 24R. DATE 24C REMOVAL (Spacily)  Burial 1/25/71 G	on (We) (did) (did not) vi  DEGREE Phys  LEU AGA  LEU AGA  C. NAME of CEMETERY of CRE  ardens of Fai	and the bady ofter death.  Iding Med. Director 33. ADDRESS  MATORY 24D. L Ball	Staff Phys. Carlon (City	23B, DATE SIGNED  ( M / )  (, town, or county)  (Stotal Md.		
WEDICA	thor W (we) lost saw the deceosed olive of cond hour and from the causes stated abave 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  EURIAL CREMATION, 24R. DATE 24C REMOVAL (Spacily)  Burial 1/25/71 G	DEGREE Phys.  DEGREE Phys.  LEU 2664  C. NAME OI CEMETERY OF CREI	and the bady ofter death.  Iding Med. Director  3D. ADDRESS  MATORY  Cem.  Ball  25C, FUNERAL DIRECTOR	Staff Phys. Carlon (City	23B, DATE SIGNED  ( MA)  ( stown, or county) (Stotal		
WEDICA	thor (we) lost saw the deceased alive cond hour and from the causes stated above	on	ew the body ofter death.	ot in (par) (our) opin	ion death occurred on the da		



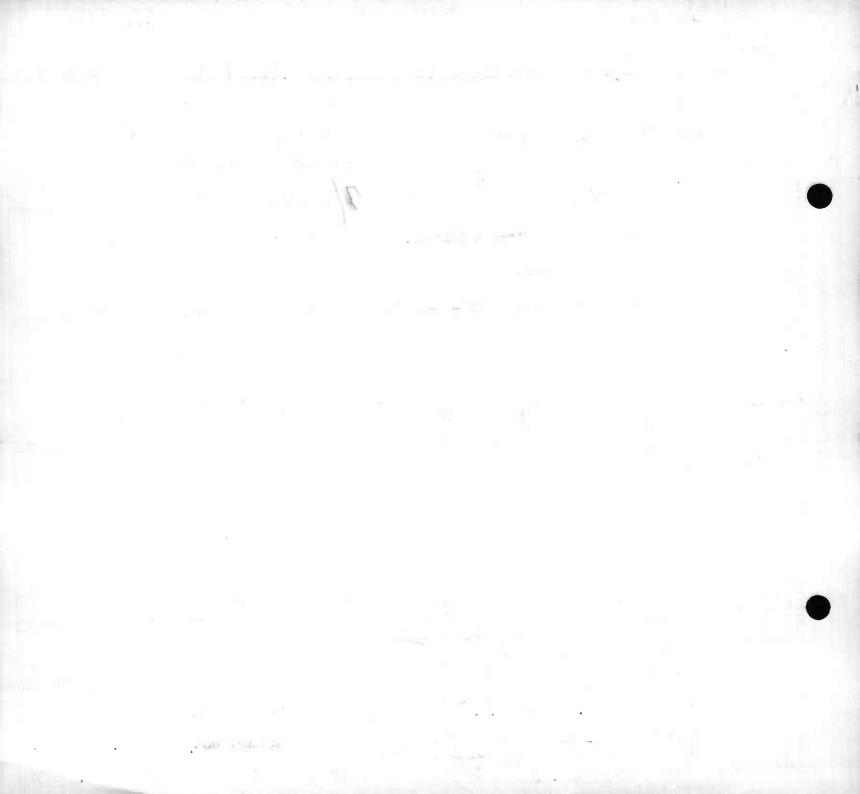
DIRECTOR:

FUNERAL



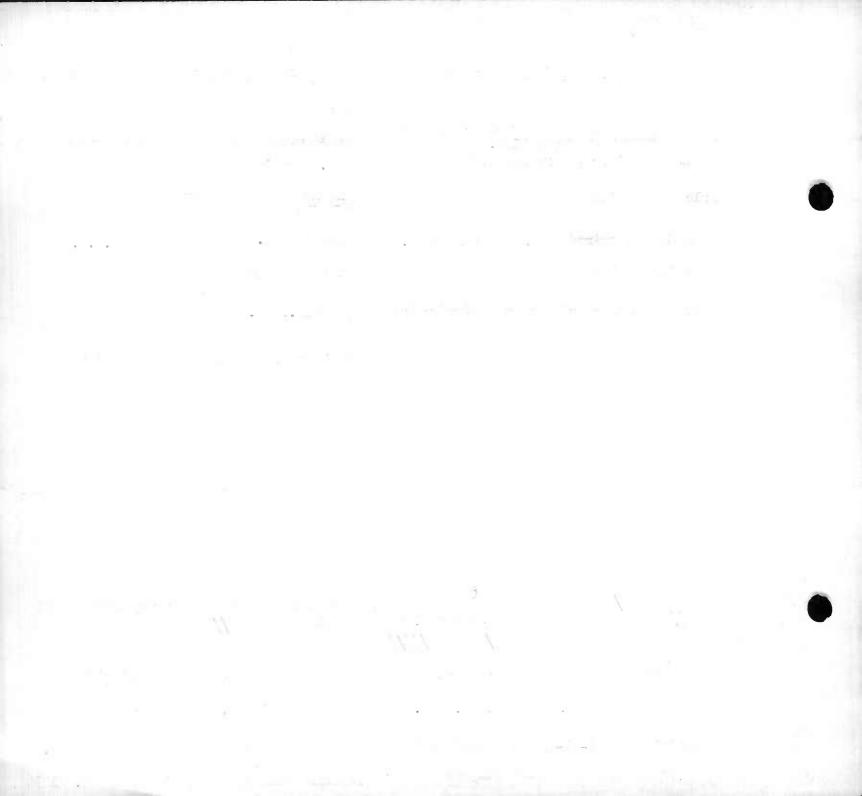
DIRECTOR:

FUNERAL



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

M-2	54 71	066		Y HEALTH DEPARTMEN		71	0666		
1. NAME OF D	ECEASED				AND HOUR OF DEATH	-			
	McMULLEN J	acob Cla	rence				6.20 A		
3. PLACE IN B	ALTIMORE MARYLAND,	WHERE PRONO	UN CED DEAD	4. USUAL RESIDENCE I	uary 18, 1971 Where deceased lived, II	institution: reside	ence before odmission)		
FULL NAME C	OF (IF NOT IN HOSPI	TAL OR INSTIT	HTON CIVE STREET	14	OUNTY	10			
FULL NAME OF HOSPITAL OR INSTITUTION T	ADDRESS OR LOC	INOITA	UTION, GIVE STREET	Maryland C. CITY OR TOWN	p acc	4	3-00		
,	vecerans Admin		on Hospital		D. IN:	SIDE CITY LIMITS			
	3900 Loch Rave			Baltimore E. STREET AND NUMBE	R	YES X	ио []		
00 F	Baltimore, Mar	yland 2°	1218	9 S. Hawth	orne Rd				
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		if Under 1 1	Yr., if Under 24 Hrs.		
Male.	White	WIDOWED	DIVORCED	12-26-97	lost birthday 73	if Under 1 1 Months Day	rs Haurs Min.		
done during most	of working life, even if retired)	KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign countryl	12. CITIZEN	OF WHAT COUNTRY		
Machini	ist Retired	Grace 1	Machine Co.	Johnstown Pa	9.	77	C A		
3. FATHER'S N	AME	10.000	10011110 001	14. MOTHER'S MAIDEN			S.A.		
John	McMullen			Katura Kuls	าคา				
	ed Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORMANT					
Yes	4-26-18-to		SECURITY NO.	VAH, Balto., 1	Records	AD	DRESS		
18. / 🗇	/ X		CAUSE OF DEAT	H DET 1000	M. ZIZIO		200411147		
DISE	ASE OR CONDITION DE	RECTLY				BETW	PROXIMATE INTERVAL TEN ONSET AND DEATH		
	LEADING TO DEATH			- Carcinoma of	nnoctato		2 years		
This does	IThis does not mean the mode of dying, e.g., heal loiluie, asthenia, etc. It means the disease,								
injury of co	emplication which coused	deoth.)	-						
	ANTECEDENT CAUSES					ł			
DISEASES	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:								
nse lo 1	he above cause (A)	stating the	(c)	TO T		1			
	- 11				***********************				
OTHER SIGN TO THE DEA	IFICANT CONDITIONS CO	NTRIBUTING							
DISEASE OR	ATH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	IT 1 (Δ).	*****************	******************************	*********************		*******************************		
19A. DATE O	OF OPERATION 198 CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CON	ISIDERED		
				NO	IN CERTIFYING CA	USES OF DEAT	H?		
JOR CONTRIB	ENT WAS UNDERLYING DUTING CAUSE OF		PLACE OF INJURY (e.g., in p. form, foctory, street, off	or about 21C. WHERE DID	(II In Baltimor	e City, give exec	cl location)		
21D. TIME	(Month) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21f. HOW DID	Millian				
OF INJURY			e At Not While		NJURY OCCUR?				
		Worl	At Work						
22. I certify	y that (1) (this haspital	) ottended th	e deceased from	January 16th	_19 71 to Jar	mary 18	th 19 71		
that () (we	) last saw the decease	d alive on	January 18th	19_71and	that In (my) (aur) apl	nian death ac	curred on the date		
and hour an	nd from the causes stat	ed abave. (1)	(We) (did) (did hold vi	ew the bady after deat	L		conted an the gold		
23A. STONAT	URE	~ ^		on the sady after dest		23 B. DATE SIG	NED		
1	11 14 /H DIA	01	MP DEGREE Phys.	ding Med.	Stoff				
23 C. PHYSICI	ANS	many			Shaff Phys.	1/18/			
NAME (	TAMES A	ATTATT AND		2,900	Loch Raven B				
IA. BURIAL CRI	EMATION, 248, DATE (Specify)	24C.NA	JR., MD. GEGREE		imore, Maryla	y, town, or cour			
Burial			Cathedral Cem			,, 14 mig of 600f			
SA. DATE REC'E	BY HEALTH DEET.	258, NAME OF	REGISTRAR	25C BUNERAL DIRECTO	Baltimore	A	Md.		
JAN 2	5 1971 Walland	E, Jab	W. M.A.						
S 150-REV. 1/1/				Lassann Fune	eral Home 740.	L Belair	Rd. 21236		



25C. FUNERAL DIRECTOR

**ADDRESS** 

assahn Funeral Home 7401 Belair Rd. 21236

25A. DATE RECED BY HEALTH DEPT

VS 151-REV, 7/1/68

25% NAME OF REGISTRAR

. The company the second second ALLEN EAST OF REPORTED AND ADDRESS OF THE PARTY OF THE PA AND REAL PROPERTY OF THE PROPE THE PERIOD RESIDENCE OF SHEET REPORTED

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

Clarke Mattingley Leonardtown, Maryland

FIRST CONT. Landard Administration of the formal and the state of the e introduce valuations

BIRT	Add at Man		BALTIMORE CITY	HEALTH DEPARTMENT	11×1 -00-	0 1 40
BIRT	7-000 71	0669	CERTIFICA	TE OF DEATH	REG. NO	71 0669
	H NO.  AME OF DECEASED				ND HOUR OF DEATH	1
	e or Print)	loan	E.	Jan	19 197	1
3. P	LACE IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD		ere deceased lived. If	institution: residence before admission)
				MARYLAND	A. A.	52-10
HO!	SPITAL OR ADDRESS OR LOCA	AL OR INSTIT ATION)	UTION, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?
NS	TITUTION			ANNAPOLIS	D. 114	YES NO
	THE JOHNS HOPKI	NS HOS	SPITAL	E. STREET AND NUMBER		
	3.3			6 THORN C	Γ	
. 51	EX 6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeogs	If Under 1 Yr. , If Under 24 Hrs.
-	FEMALE WHITE	WIDOWED	_ =	08-29-39	lost birthdoy 31	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work			11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY
one	during most of working life, even if retired)		m home	Tahmahama Dam		7704
2 6	Housewife	01	wn home	Johnstown, Pen		USA
J. F						
	THOMASIYLESLEY				Y MILLER	
5. V fes	Vos Deceased Ever in U. S. Armed For no or unknown) (If yes, give wor or dote	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
r	10		199-30-3854	John W. Guy	husband	same as E
T	1B. 120 91		CAUSE OF DEAT		114000114	APPROXIMATE INTERVAL
	6.6511			:01 /	1 11.	BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIE	RECTLY		1///	+111.1	3/2
	LEADING TO DEATH		(A)IMMEDIATE CAL	USE ///2/15/1	ans "1010	nomal 2/2/15
	(This daes not mean the made of		DUE TO, OR AS	A CONSEQUENCE OF:		
	hearl failure, asthenia, etc. It means injury or camplication which caused					
	ANTECEDENT CAUSES		(p)			
	DISEASES OR CONDITIONS, if	anv. aivina	DUE TO, OR AS	A CONSEQUENCE OF:		
	rise to the above cause (A)					
	UNDERLYING CONDITION lost.		(c)			
}-						
	11					
Z	OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING				
¥	OTHER SIGNIFICANT CONDITIONS CO. TO THE DEATH BUT NOTRELATED TO THE	HE TERMINAL	***************************************			
Ĭ	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR	HE TERMINAL T 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED
ΑĬ	TO THE DEATH BUT NOT RELATED TO THE	HE TERMINAL (T 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED AUSES OF DEATH?
ERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 19B. CON WAS PERI	HE TERMINAL (T) (A). (DITION FOR S		Xes	IN CERTIFYING C	AUSES OF DEATH?
CERTIFICATION	TO THE DEATH BUT NOT RELATED TO TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 198. CON WAS PERIOD 198. CONTRIBUTING CAUSE OF	HE TERMINAL (T 1 (A). IDITION FOR FORMED  218	S. PLACE OF INJURY (e.g., ne, form, foctory, street, o	20A. AUTOPSY? (Yes or No. ) C Sin or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
ICAL CERTIFICATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 198. CON WAS PERI 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	HE TERMINAL IT 1 (A). IDITION FOR FORMED    218   honetc.	S. PLACE OF INJURY (e.g., ne, form, foctory, street, o	in or obout 21C, WHERE DID	IN CERTIFYING C	AUSES OF DEATH?
EDICAL CERTIFICATION	TO THE DEATH BUT NOT RELATED TO 11 DISEASE OR CONDITION GIVEN IN PAR 19.A. DATE OF OPERATION 19.8. CON WAS PERI 21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21.D. TIME (Month) (Day) (Year)	HE TERMINAL IT 1 (A). IDITION FOR FORMED    218   honetc.	S. PLACE OF INJURY (e.g., ne, form, foctory, street, o	in or obout 21C, WHERE DID	(If In Boltim	AUSES OF DEATH?
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MEDICAL CERTIFICATION	TO THE DEATH BUT NOT RELATED TO TO TO DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 198. CON WAS PERIOD OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) (APPROX.)	HE TERMINAL (T.1 (A). (T.1 (A). (DITION FOR TORMED    218	B. PLACE OF INJURY (e.g., ne, form, foctory street, or	in or obout 21C. WHERE DID ffice bldg, INJURY OCCUR?  21F. HOW DID IN.	IN CERTIFYING C	Dre City, give exoct lacotion
MEDICAL CERTIFICATION	TO THE DEATH BUT NOT RELATED TO 11 DISEASE OR CONDITION GIVEN IN PAR 19.A. DATE OF OPERATION 19.B. CON WAS PERI 21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21.D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (I) this haspital that (I) we) lost saw the decease and hour and from the couses state	HE TERMINAL (T.1 (A). (T.1 (A). (DITION FOR TORMED    218	S. PLACE OF INJURY (e.g., ne, form, foctory, street, o.g.)  INJURY OCCURRED  Not White At Work  the deceased from	in or obout 21C. WHERE DID  ffice bldg., INJURY OCCUR?  21F. HOW DID IN.  19 7 and the sending Med.	IN CERTIFYING C  (If In Boltime  URY OCCUR?  19 to	ore City, give exoct lacotion)  Jan 197 (  pointan death occurred on the date
MEDICAL CERTIFICATION	TO THE DEATH BUT NOT RELATED TO 11 DISEASE OR CONDITION GIVEN IN PAR 19. CON WAS PERION 19. CON WAS PERION 19. CON WAS PERION 19. CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (I) this haspital that (II) we) lost saw the decease and hour and from the causes stated 23. SIGNATURE	HE TERMINAL (T.1 (A). (T.1 (A). (DITION FOR TORMED    218	D. PLACE OF INJURY (e.g., ne, form, foctory street, or	in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN.  19 7 and the view the body ofter deoth.  anding Med. Director Director	IN CERTIFYING C  (If In Boltime	ore City, give exoct lacotion)  Jan 197 (  pointan deoth occurred on the dote
MEDICAL CERTIFICATION	TO THE DEATH BUT NOT RELATED TO 11 DISEASE OR CONDITION GIVEN IN PAR 19. CON WAS PERION 19. CON WAS PERION 19. CON WAS PERION 19. CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) (APPROX.)  22. I certify that (I) this haspital that (II) we) lost saw the decease and hour and from the causes stated 23. SIGNATURE	HE TERMINAL (T.1 (A). (T.1 (A). (DITION FOR TORMED    218	B. PLACE OF INJURY (e.g., nee, form, foctory street, or	in or obout 21C. WHERE DID  ffice bldg., INJURY OCCUR?  21F. HOW DID IN.  19 7 and the sending Med.	IN CERTIFYING C  (If In Boltime  URY OCCUR?  19 to	ore City, give exoct lacotion)  Jan 197 (  pointan death occurred on the date
MEDICAL CERTIFICATION	TO THE DEATH BUT NOT RELATED TO 11 DISEASE OR CONDITION GIVEN IN PAR 19.A. DATE OF OPERATION 19.8. CON WAS PERI 21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21.D. TIME OF INJURY (APPROX.)  22. I certify that (I) this haspital that (I) we) lost saw the decease and hour and from the couses state 23.C. PHYSICIANTS NAME (Type)	HE TERMINAL (T) (A). (D) (T) (A). (D) (T) (A). (Hour) 21E (Hour) 21E (Wh (Wo (Hour) 21E (Wh (Wh (Hour) 21E (Wh (Hour) 21E (Wh (Wh (Hour) 21E (W	B. PLACE OF INJURY (e.g., ne, form, foctory street, or	21F. HOW DID IN.	IN CERTIFYING C  (If In Boltime  IURY OCCUR?  19 to	Jan 1971  Dinlan deoth occurred on the dote  138. DATE SIGNED
MEDICAL CERTIFICATION	TO THE DEATH BUT NOT RELATED TO 11 DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 198. CON WAS PERI 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (II) this hospital that (II) (we) lost saw the decease and hour and from the causes stated as a SIGNATURE  23 C. PHYSICIAN'S NAME (Type)  Stephen  BURIAL CREMATION, 1248. DATE	HE TERMINAL (I (A).  (I) I (A).  (I) I (A).  (I) I (A).  (I) I (A).  (I) Offended  (Hour) 21E  Who  Wo  (Hour) 21E  Who  I offended to dalive on  ted obove (	D. PLACE OF INJURY (e.g., ne, form, foctory street, or	21F. HOW DID IN.   IN CERTIFYING C  (If In Boltime  IURY OCCUR?  19 to  nat in (my) (our) of phys  Opkins Ho.	auses of Death? No ore City, give exoct lacotion)  Jan 197 ( Dinlan deoth occurred on the dote  238. DATE SIGNED	
WEDICAL CERTIFICATION	TO THE DEATH BUT NOT RELATED TO 11 DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 198. CON WAS PERI 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (II) this hospital that (II) (we) lost saw the decease and hour and from the causes stated 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Stephen  BURIAL CREMATION, 248. DATE	HE TERMINAL IT I (A).  IDITION FOR FORMED    218   hometic.     (Hour)   218   Who     (Hou	DEGREE OF INJURY (e.g., ne, form, foctory, street, o.g.)  INJURY OCCURRED  Not White At Work  The deceased from	in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?  21F. HOW DID IN.  19 7 and the view the body ofter deoth.  23D. ADDRESS  The Johns Home	IN CERTIFYING C  (If In Boltiman  IURY OCCUR?  To	Dinlan deoth occurred on the dote    238. DATE SIGNED
MEDICAL CERTIFICATION	TO THE DEATH BUT NOT RELATED TO 11 DISEASE OR CONDITION GIVEN IN PAR 17A. DATE OF OPERATION 198. CON WAS PERI 17A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify the (II) this hospital that (II) (we) lost saw the decease and hour and from the couses stated as a SIGNATURE  23 C. PHYSICIAN'S NAME (Type)  Stephen  BURIAL CREMATION, 248. DATE REMOVAL (Specify)  1712  Jan 22	HE TERMINAL LITT (A).  IDITION FOR FORMED    21B   hon etc.  (Hour)   21E   Wh. Wo.    21C   Wh. Wo.    24C   N.    1971   Hi.	EPLACE OF INJURY (e.g., ne, form, foctory, street, of the following street, of the following street, of the deceased from the deceased fro	21F. HOW DID IN.    21F. HOW DID IN.   21F. HOW DID IN.   21F. HOW DID IN.   21F. HOW DID IN.   21F. HOW DID IN.   21F. HOW DID IN.   21F. HOW DID IN.   21F. HOW DID IN.   21F. HOW DID IN.   21F. HOW DID IN.   22D. ADDRESS    The Johns Homestary	IN CERTIFYING C  (If In Boltime  IURY OCCUR?  19 to  nat in (my) (our) of phys  Opkins Ho.	Dinlan deoth occurred on the dote    238. DATE SIGNED
MEDICAL CERTIFICATION	TO THE DEATH BUT NOT RELATED TO 11 DISEASE OR CONDITION GIVEN IN PAR 19A. DATE OF OPERATION 198. CON WAS PERI 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify that (II) this hospital that (II) (we) lost saw the decease and hour and from the causes stated 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  Stephen  BURIAL CREMATION, 248. DATE	HE TERMINAL LITT (A).  IDITION FOR FORMED    21B   hon etc.  (Hour)   21E   Wh. Wo.    21C   Wh. Wo.    24C   N.    1971   Hi.	DEGREE OF INJURY (e.g., ne, form, foctory, street, o.g.)  INJURY OCCURRED  Not White At Work  The deceased from	21F. HOW DID IN.  22F. HOW DID IN.	IN CERTIFYING C  (If In Boltime  IURY OCCUR?  19 to	pre City, give exoct lacotion)  Tan 197  pointan deoth occurred on the dote  208. DATE SIGNED  Spital  City, town, or county) (Stote)  Aryland  Panyland
MEDICAL CERTIFICATION	TO THE DEATH BUT NOT RELATED TO 11 DISEASE OR CONDITION GIVEN IN PAR 17A. DATE OF OPERATION 198. CON WAS PERI 17A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21 D. TIME (Month) (Day) (Year) OF INJURY (APPROX.)  22. I certify the (II) this hospital that (II) (we) lost saw the decease and hour and from the couses stated as a SIGNATURE  23 C. PHYSICIAN'S NAME (Type)  Stephen  BURIAL CREMATION, 248. DATE REMOVAL (Specify)  1712  Jan 22	HE TERMINAL LITT (A).  IDITION FOR FORMED    21B   hon etc.  (Hour)   21E   Wh. Wo.    21C   Wh. Wo.    24C   N.    1971   Hi.	EPLACE OF INJURY (e.g., ne, form, foctory, street, of the following street, of the following street, of the deceased from the deceased fro	21F. HOW DID IN.  22F. HOW DID IN.	IN CERTIFYING C  (If In Boltime  IURY OCCUR?  19 to	Dinlan deoth occurred on the dote    238. DATE SIGNED

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Soull Pupers; Nows 1212 West St Arms.; "d.

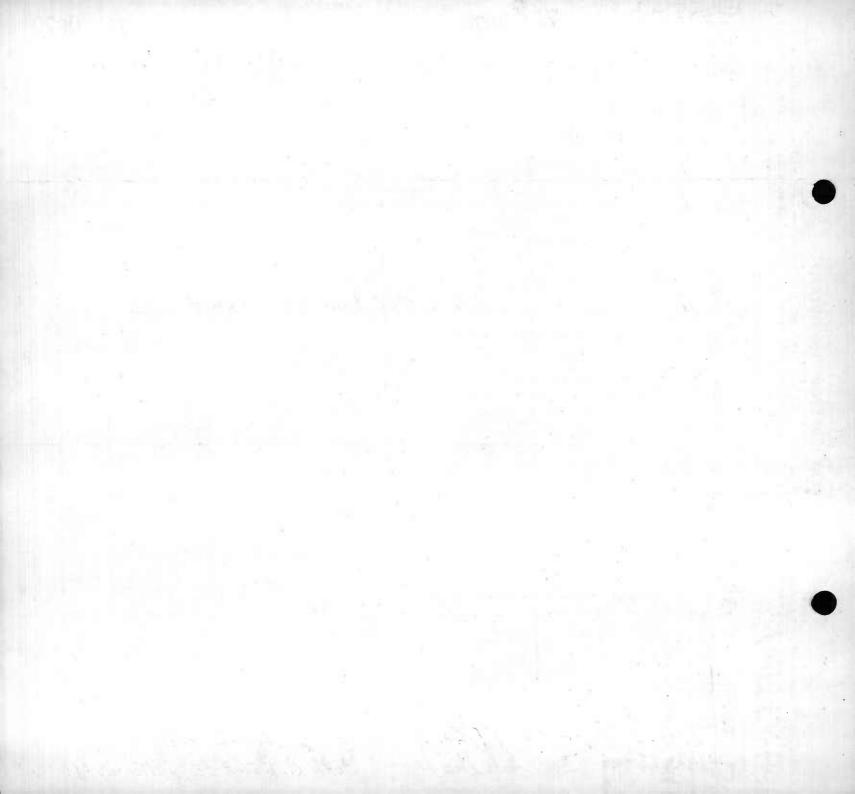
FUNERAL DIRECTOR:

VS 150-REV, 1/1/6B

NO D

Hours

If Under 24 Hrs.



	K-260 71	0671		Y HEALTH DEPARTMENT	REG. NO	71 0671
	NAME OF DECEASED		CERTIFICA			
	ype or Printl		T		AND HOUR OF DEATH	
3.	William PLACE IN BALTIMORE, MARYLAND, V	H VHERE PRONO	Kaiser, Sr.	Jani	ary 20,197	M.
11		TILL TROTTO	ONCED DEAD	A. STATE B. CO	UNIX	institution: residence before admission
FI	ULL NAME OF (IF NOT IN HOSPIT OSPITAL OR ADDRESS OR LOC	AL OR INSTIT	TUTION, GIVE STREET	Maryland	Baltimo	re
III.	ISTITUTION"	- 110111		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?
	00			Baltimore		YES NO
	5807 Gwynn Oak	A	2	E. STREET AND NUMBER		
1				5807 Gwynn	Oak Avenue	
11 .		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	19. AGE (In veors	If Under 1 Yr. If Under 24 Hrs.
	Male White	MIDOWED	DIVORCED _	6-2-1892	lost birthdoy)	Months Doys Hours Min.
10.	A. USUAL OCCUPATION (Give kind of world ne during most of working life, even if retired)	108, KIND OI	BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or fo	reign countryl	12. CITIZEN OF WHAT COUNTRY?
	Machinist			72 141		
13.	FATHER'S NAME			Baltimore, N	Maryland	USA
	Honne	•		MAIDEN N	AME	
15		iser		Land Land	Yent	ner
(Ye	Wos Deceosed Ever in U. S. Armed For s, no or unknown) (If yes, give wor or dote	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NO			Wm.H. Kaiser	.Jr503 S	.46th St 21224
	18.4/0.7	-	CAUSE OF DEATH		,52. 505 6	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DI	ECTLY	Λ	D 11 11-1	1200	BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE CAU	to Myocardia	Difaretion	Linkstein
	(This does not meen the mode of heart failure, asthenia, etc. it means	dying, e.g.,		A CONSEQUENCE OF:		***************************************
	injury or complication which coused	deoth.)				l l
	ANTECEDENT CAUSES					ł
ļ	DISEASES OR CONDITIONS, II	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	***********	***************
	rise to the obove couse (A)	sloling the		TO THE OFFICE OF		
	UNDERLYING CONDITION lost.		(c)		****************	***************************************
z			Generalized	articiosolerosis.	Esophyear	eleen
ATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED TO THE	E TERMINIAL	thehle!		caryingon	Benga, y Rem.
CA	DISEASE OR CONDITION GIVEN IN PART 19A-DATE OF OPERATION 19B CON	1 (A).	WICH ORDER			
ERTIFIC	WAS PERF	ORMED	VHICH OPEKATION	20A. AUTOPSY? (Yos or h	IN CERTIFYING CA	FINDINGS CONSIDERED
CER	21A. ACCIDENT WAS UNDERLYING	218	PLACE OF INTURY	No		A-Ministration of
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	nom	e, form, foctory, street, off	or obout 21 C. WHERE DID	(If In Boltimo	re City, give exect location)
		elc.)	-			
MEDI	21D. TIME (Month! (Doy) (Year! OF INJURY	1	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
	(APPROX)	Whil	le At Not While			
	22. I certify that (1) (thi <del>s hospital</del> )	ottended th		November.	20 / 6	0 1
	that (1) (we) last saw the deceased	l olive en	///9			Present of w 1971
	• .			1971and t	hot in (my) (our) op!	nian death accurred on the date
	and hour and from the causes state	d obove. (4)	(We) (did) (did not) vi	ew the body ofter deoth.		
	A D	0	/			23B. DATE SIGNED
	Herman De	the	Phys.	ding Med.	Staff Phys.	1/21/7/
	23C. PHYSICIAN'S NAME (Typel	1		3D. ADDRESS	A	2
	Herman Brech	her . n	H.D.	6410 Win	Jan MIOU	PU ROL 10
24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)		ME OF CEMETERY OF CREA		OCATION (Ci	ly, lown, or county (Stotel
	Burial 1-23-7					
25A			udon Park Ce:		Baltimore, M	
	JAN 25 1971 (R.		Local ACD	25C. FUNERAL DIRECTO		ADDRESS
VS	150-REV. 1/1/68		The same	Armacost Fu	meral Chape	el-4600 Liberty Hts
43	TO 1/ 1/ UQ					

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oproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the and (6) No physician was in regular attendance on the obtained before the remains are embalmed or final disposition is made.	
pproved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the ; and (6) No physician was in regular attendance on the deceased prior to death. Such obtained before the remains are embalmed or final disposition is made.	
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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	2
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-	9 000	0672		HEALTH DEPARTMENT		71 0672
BIR	RTH NO.		CERTIFICA	TE OF DEATH		
	NAME OF DECEASED	0.7		2. DATE AND HOUR OF DEATH		
2	JARRETT, JAME	S L Sr.		Ja	nuary 19, 197	1 10:50 A
3.	PLACE IN BALTIMORE, MARYLAND, V	YHERE PRONOUNCE	DEAD	A. STATE B. CO	There deceased lived If i	nstitution: residence before admissi
FU	JLL NAME OF OF NOT IN HOSPI	TAL OR INSTITUTION	GIVE STREET	Maryland	Baltimore	12-02
IN.				C. CITY OR TOWN		SIDE CITY LIMITS?
-	Veterans Admin	istration H	ospital	Baltimore		YES X NO
0	3 3900 Loch Rave			E. STREET AND NUMBER		
	Baltimore, Mar				iversity Aven	ue
		7- MARRIED NE	VER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Yr. , Il Under 24 H Manths: Days : Hours : Min.
		WIDOWED X	DIVORCED	4/21/16	54	
don	A. USUAL OCCUPATION (Give kind of worned during most of working life, even il retired) Attendant	1		11. BIRTHPLACE (State of	lareign country)	12. CITIZEN OF WHAT COUNT
	Attendant	Used car	lot	Marshall, N.	.C.	USA
13.	FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
	George Jarrett			Flora Rector		
15.	Was Deceased Ever in U. S. Armed For s,na or unknown) (If yas, give wer or dote	cas?   16. SC	CIAL	17. INFORMANT		ADDRESS
i et			CURITY NO.	VA Hospital F		
	Yes 9/22/42-5/2		-09-4655	3900 Loch Ray	ren Boulevard	Balto . Md 21218
	18.394.91		CAUSE OF DEATI	James L. Jarr	ettJr352 F	. Uni PERMIT CHI CHI PET POLICE
	DISEASE OR CONDITION DI	RECTLY				
	(This does not meen the made of	dying, e.g.,	(A) IMMEDIATE CAU	se Pulmonary e	dema	2 to 3 hour
	heart foilure, asthenia, etc. It means injury or camplication which caused	the disease.	DUE 10, OR AS	A CONSEQUENCE OF:		
	ANTECEDENT CAUSES					
			(B) Pulmo	onary embolus A CONSEQUENCE OF:		minutes
	DISEASES OR CONDITIONS, if	any, giving staling the				
	UNDERLYING CONDITION last.	3	(c) Metra	l insufficienc	У	years
_	II.					
ATION	OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING	Bro	onchopneumonia		
CA:	DISEASE OR CONDITION GIVEN IN PAR	T 1 (A).	***************************************			***************************************
Ĭ	19A. DATE OF OPERATION 198. CON	FORMED	OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CERTIFIC	21A. ACCIDENT WAS UNDERLYING	210 81 4.0	OF INTURY ( 7	Yes		Yes
- 4	IOR CONTRIBUTING I CAUSE OF	hame, form	, foctory, street, aff	or obout 21 C. WHERE DID	(If In Baltimor	e City, give exact location)
Ù.	DEATH (notify medical examiner)	etc.)				
MEDICAL	21 D. TIME (Month) (Day) (Year) OF INJURY	(Hour) 21E INJUR	Y OCCURRED	21F. HOW DID I	NJURY OCCUR?	
<	(APPROX)	While AI	Not While			
	22, I certify that (1) (this hospital			cember 7th	10 70 An T	2011000 JOHL 10 77
	that (1) (we) last saw the decease	d alive an .Ta	mary 70+h	10 77	abou 1-16/2 ()	armary Lyth 19-71
	ond hour and fram the causes stat	ad abave of our	(11) (1.6/1.1	and	tunt in Aud (ant) obj	mon death occurred on the do
	23A. SIGNATURE	or opdae. Al (us)	(ara) (aka\u\o\u) A	ew the body after deot	1.	Ican Dave electron
	John Folkes	10	Atter	nding Med.	Shoff -	23 B, DATE SIGNED
	23 C. PHYSICIAN'S	Hoe	DEGREE Phys.	. U Director U	Shaff Phys.	1/20/71
	NAME Dypel	1	2	3D. ADDRESS	Loch Raven B	Boulevard
	JOHN F/ ROGERS		DEGREE	Ralt.	imore. Maryla	
4A	REMOVAL (Specify) 248. DATE	24C. NAME of	CEMETERY of CRE	MATORY 24D.		ty, tawn, or caunty) (State)
	Burial 1-23-71	Woodla	wn Cemet	ery	altimore, Ma	ryland
B				,		-
	JAN 25 1971 AS	E. Saiber A	STRAR 1	25C FUNERAL DIRECT	o i	ADDRESS

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This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

Male White WIDOWED DIVORCED 1-24-1881 89 Months Doys Hours  IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Clerk  Clerk  Baltimore, Maryland  USA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  James H Marsden  IS. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) lif yes, give wor or doles of service)  NO  Rodney McSwiney-Jensen Beach, Flori  CAUSE OF DEATH  CAUSE OF DEATH  (A)IMMEDIATE CAUSE OF DEATH  (A)IMMEDIATE CAUSE OF CONDITIONS, if gave, giving diving the property of the pr	0				
Louis   Marsden					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET  WISTITUTION  ADDRESS OR LOCATION)  GIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET  WISTITUTION  ADDRESS OR LOCATION)  ANDRESS OR LOCATION)  ANTARE BALTIMORE  BALTIMORE  ANTARE BALTIMORE  BALTIMORE  ANTARE BALTIMORE  ANTARE BALTIMORE  BALTIMO	2. DATE AND HOUR OF DEATH				
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET    HOSPITAL OR   HOSPITAL OR INSTITUTION, GIVE STREET	M.				
Baltimore  E. STREET AND NUMBER  5511 Belle Ave.  S. SEX  6. RACE  Male  White  Widowed  Divorced  1-24-1881  89  Whoth with dorwing life, even if refired)  Clerk  Baltimore, Maryland  USA  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  James  H Marsden  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor of doles of service)  NO  Rodney McSwiney-Jensen Beach, Flori  18. //  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if gay, giving  Baltimore  YES NO  FUNDING TO PASS A CONSEQUENCE OF:  Who was presented by the consequence of t	2 Odmission)				
Union Memorial Hospital  5. SEX  6. RACE  7. MARRIED NEVER MARRIED NEVER MARRIED NOT BUSINESS OR INDUSTRY  Male  White  Widowed Divorced 1-24-1881 89  10. LULA OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign counity)  Clerk  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  James H Marsden  15. Was Deceased Ever in U. S. Armed Forces? (Ves, no or unknown) (If yes, give wor or doles of service)  NO  Rodney McSwiney-Jensen Beach, Flori  CAUSE OF DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc., if means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  E. STREET AND NUMBER  5511 Belle Ave.  8. DATE OF BIRTH  9. AGE (in yeors lift under lift and lift under lift)  9. AGE (in yeors lift under lift under lift)  9. AGE (in yeors lift under lift under lift)  14. Mother of Beitrh North and lift under lift. BIRTHPLACE (Stote or foreign counity)  12. CITIZEN OF WHAT  13. FATHER'S MAIDEN NAME  14. MOTHER'S MAIDEN NAME  O'Brien  O'Brien  APPROXIMATE BETWEEN ONSET  DUE TO, OR AS A CONSEQUENCE OF:  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving					
Union Memorial Hospital  5. SEX   6. RACE   7. MARRIED   NEVER MARRIED   NEVER MARRIED   S. DATE OF SIRTH   9. AGE (in years loss birthday)   Months   Doys   Hours   10. USUAL OCCUPATION (Give kind of work)   10. USUAL OCCUPATION (Give kind					
S. SEX   6. RACE   7. MARRIED   NEVER MARRIED     S. DATE OF BIRTH   9. AGE (in years loss birthday)   Months; Doys   Hours   10A. USUAL OCCUPATION (Give kind of work loss, kind of working life, even if refired)   10B. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT					
Male White WIDOWED DIVORCED 1-24-1881 (as birthday) 89 Hours  IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT Clerk    Clerk					
Clerk  Baltimore, Maryland  USA  13. FATHER'S NAME  James H Marsden  15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [0] yes, give wor or doles of service)  NO  Rodney McSwiney-Jensen Beach, Flori  CAUSE OF DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  Baltimore, Maryland  USA  14. MOTHER'S MAIDEN NAME  17. INFORMANT  Rodney McSwiney-Jensen Beach, Flori  APPROXIMATE SETWEEN ONSET  CAUSE OF DEATH  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  ANTECEDENT CAUSES  (B)  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:	nder 24 Hrs. Min.				
13. FATHER'S NAME  James H Marsden  14. MOTHER'S MAIDEN NAME  O'Brien  15. Was Deceased Ever in U. S. Armed Forces? (Ves, no or unknown) lift yes, give wor or doles of service)  NO  Rodney McSwiney-Jensen Beach, Flori  Polsease or condition directly Leading to Death  (This does not mean the made of dying, e.g., heart injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  (B)  DUE TO, OR AS A CONSEQUENCE OF:	COUNTRY				
13. FATHER'S NAME  James H Marsden  15. Wes Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) [UI yes, give wor or doles of service)  NO  Rodney McSwiney-Jensen Beach, Flori  CAUSE OF DEATH  (This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  14. MOTHER'S MAIDEN NAME  CAUSE OF DEATH  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  (B)  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:					
15. Wes Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service)  NO  Rodney McSwiney-Jensen Beach, Flori  APPROXIMATE  CAUSE OF DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:					
15. Wes Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) Uif yes, give wor or doles of service)  NO  18.  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  16. SOCIAL SECURITY NO.  Rodney McSwiney - Jensen Beach, Flori  CAUSE OF DEATH  (A) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF:  AMPROXIMATE BETWEEN ONSET  JUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:					
NO  Rodney McSwiney-Jensen Beach, Flori  CAUSE OF DEATH  CAUSE OF DEATH  (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:					
DISEASE OF CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made at dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OF CONDITIONS, if any, giving  (A) IMMEDIATE CAUSE Of DEATH  (A) IMMEDIATE CAUSE OF DISEASES  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (B)  DUE TO, OR AS A CONSEQUENCE OF:					
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the made al dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving  (A) IMMEDIATE CAUSE Of Consequence OF:  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:					
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:					
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF.					
tise to the above cause (A) stating the UNDERLYING CONDITION tast. (C)	***********				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  1794. DATE OF OPERATION 198. CONSIDERED IN CERTIFYING CAUSES OF DEATH?  214. ACCIDENT WAS UNDERLYING.					
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	,				
21D. TIME (Month) (Doy) (Yeor) (Houd) 21E. INJURY OCCURED White At Work At Work					
22. I certify that (1) (this hospital) attended the deceased fram 11/15 19 20 to 12/149					
	0760				
interpretation of the second account of the	970				
and have and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death.	n the date				
Attending Med. Staff Director Phys. 1/2/7/	n the date				
23C. PHYSICIAN'S 10 ANEMAUM 23D. ADDRESS  PANEMAUM DEGREE (NO ENDUT ONE BOTTOMO )	19 <sup>7</sup> C) n the date				
REMOVAL (Specify) 248. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, or county)	n the date				
Burial 1-23-71 New Cathedral Cemetery Baltimore, Maryland	in the date				
JAN 25 150-REV. 1/1/68  258. NAME OF REGISTRAR  Armacost Funeral Chapel -4600 Liber	nd_				

Lagrania III de la compania del compania de la compania del compania de la compania del la compania de a compania del la compania de la compania del la compania de la compania de la comp

B-40C	)	0 1		HEALTH DEPARTMENT	REG. NO.	71 0674
BIRTH NO.	71	0674	CERTIFICA	TE OF DEATH	KEG. 140,	00/4
1. NAME OF DECE			2 0	2. DATE	AND HOUR OF DEATH	Penny seny
J	OSEPH	E.	BeLL	1/1	19/7/	1/133 P.
3. PLACE IN BALTI	MORE MARYLAND, V	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE W	here deceased lived. If in	stitution residence before admission
FULL NAME OF	UF NOT IN HOSPIT	TAL OF INSTITU	TION CIVE STREET	Maryland		15-47
OSPITAL OR			TION, GIVE STREET	C. CITY OR TOWN	In 1216	73
	Provident			Baltimore	D. INSI	IDE CITY LIMITS?
29	2600 Liber	ty Heigh	ts Ave.	E. STREET AND NUMBER		YES X NO
0 /	Baltimore,	Maryland	d 21215			
SEX	6. RACE	17	1	2224 Braddish		
		1 =	NEVER MARRIED		9. AGE (In yours last birthday)	If Under I Yr. If Under 24 Hrs Months: Doys Hours Min.
Male	Black	WIDOWED	DIVORCED	01/10/10	61	
one during most of w	PATION (Give kind of world) prking tife, even if retired)	NIOB KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fo	roign country)	12. CITIZEN OF WHAT COUNTR
Post Offi		1016 CA	RRIEN	Marylan	nd	U. S. A.
FATHER'S NAM	_			14. MOTHER'S MAIDEN N		
1	iam BEL	16			71116	
				01310		
es, no or unknown) (	ver in U.S. Armed Far If yes, give war ar dota	ces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
20			3200niii 110,	Mrs. Martha Be	ell-Wife	Same
18. 441	7		CAUSE OF DEATH			
1 / / / /	OR CONDITION DI	DECTI V	CROSE OF BEAT	•		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
L	EADING TO DEATH	KECILI		COCTROLATO	00-1001 110	11 - 124 122 21
(This does not	mean the mode of	dvina, e.a.	(A) IMMEDIATE CAU	SETASTROINTE	SIINHL HE	MORRHAGE 3h
hearl failure, as	sthenia, etc. II means	the disease.	DUE 10, OK AS I	CONSEQUENCE OF:		
	lication which caused		4.1	00111		
	NTECEDENT CAUSES		(B) U	REMIA		4 DAYS
DISEASES OR	CONDITIONS, if	any, giving	DUE TO, OR AS	A CONSEQUENCE OF:	*************************	
UNDERLYING	abave cause (A)	slating the	A	NURIA		13 DAYS
	10		(C)			
OTHER SIGNIER	II	NITE OF THE PARTY				
I IO THE DEATH	ANT CONDITIONS CO	HE TERMINAL	RUPTUR	PED ABDOMI.	NAL ANCUR	4SM 8 DAYS
IDISEASE OR COL	PERATION GIVEN IN PAR	T I (A).				
19A-DATE OF O	y / WAS PERI	FORMED		20A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	INDINGS CONSIDERED
21A ACCIDENT	WAS UNDERLYING	KED ABOX	MINIAL ANCURY	13/7/		
OR CONTRIBUTI	NG CAUSE OF	home,	form, factory, street, off	or obout 21 C. WHERE DID	(If th Boltimare	City, give exact lacotion)
DEATH (notify m	edical examined	etcJ				
21 D. TIME (I	Month) (Day) (Year)	(Hour) 21 E. J	NJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)		While				
	400 4.4	Work				1 1
	ot (1) (this hospital		deceosed from	411/7/	.19to/	//9/// 19
that (I) (we) io	st saw the decease	d alive an	114/7/	19and t	hat in (my) (aur) apin	ion death occurred on the date
and haur and f	ram the causes stat	ed above. (I)	(We) (did) (did not) vi	ew the body after death.		seemed on the doll
23A. SIGNATURE	7			The body diler dedin.		228 DATE SIGNES
1 XX	101	/ /	4. D. Alten	ding Med.		23 B. DATE SIGNED
22 C PUVELCE AND	earn	01	DEGREE Phys.	Director L	Staff Phys.	1/19/7/
23 C. PHYSICIAN	e) 2		2	3D. ADDRESS		111
13				2600 Liberty He	eights Ave. B	Baltimore, Md.
A. BURIAL CREMA	ATION, 248. DATE	24C. NAA	AE of CEMETERY OF CREA			
EMOVAL (Spe	( 1/2.5 /	1 1	eButus	10	4	Lizz)
DUIVIF	100/	" "	0/3 0 / 0 0	/		
A. DATE REC'D BY	HEALTH DEET	25 NAME 97	REGISTRAR ()	25C FUNERAL DIRECTO	32-11	ADDRESS
JAN Le	13(1 Grecost	and doctor	- Richard	mono time	1 wond	(35 N. Gs Comm
1.00 DEM 1./1//						





VS 150-REV. 1/1/68

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

10:20 P M.

No

ADDRESS

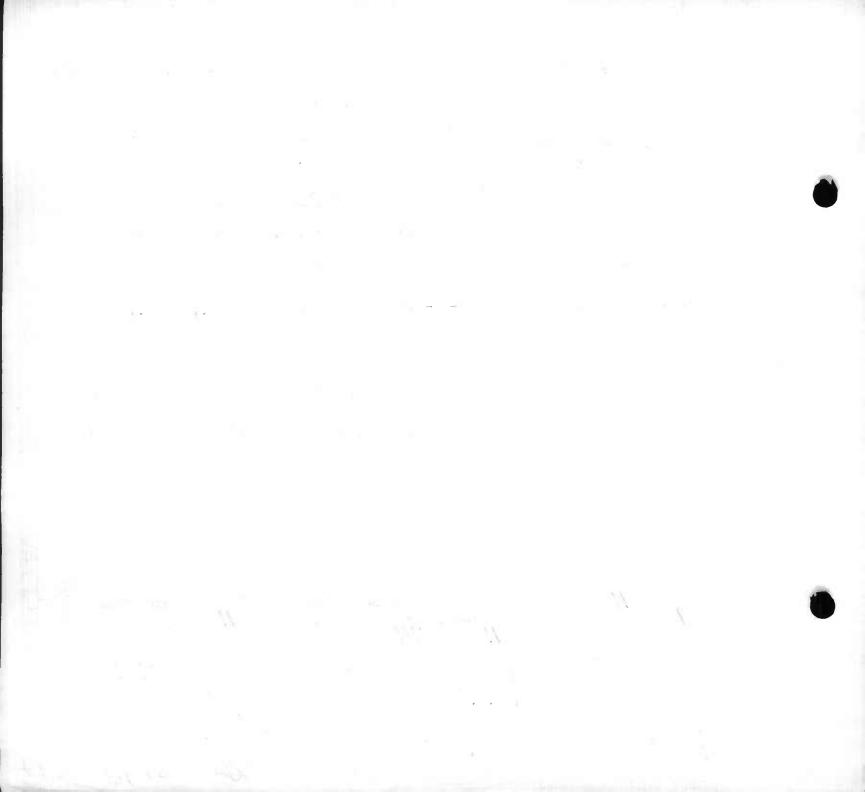
APPROXIMATE INTERVAL BETWEEN DISET AND DEATH

YEARS

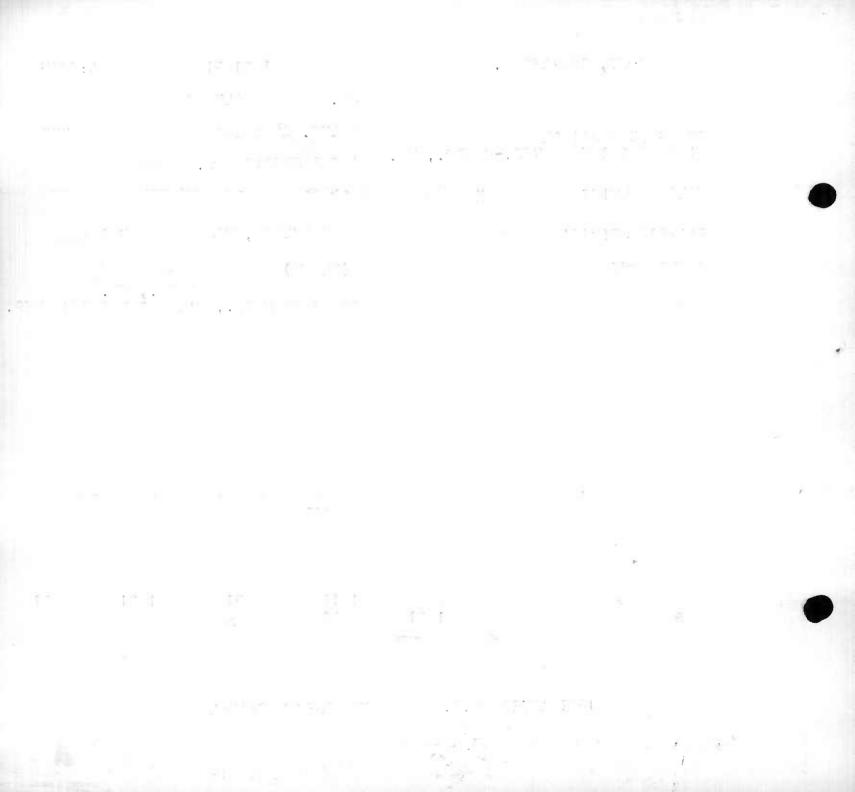
YEARS

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YEARS



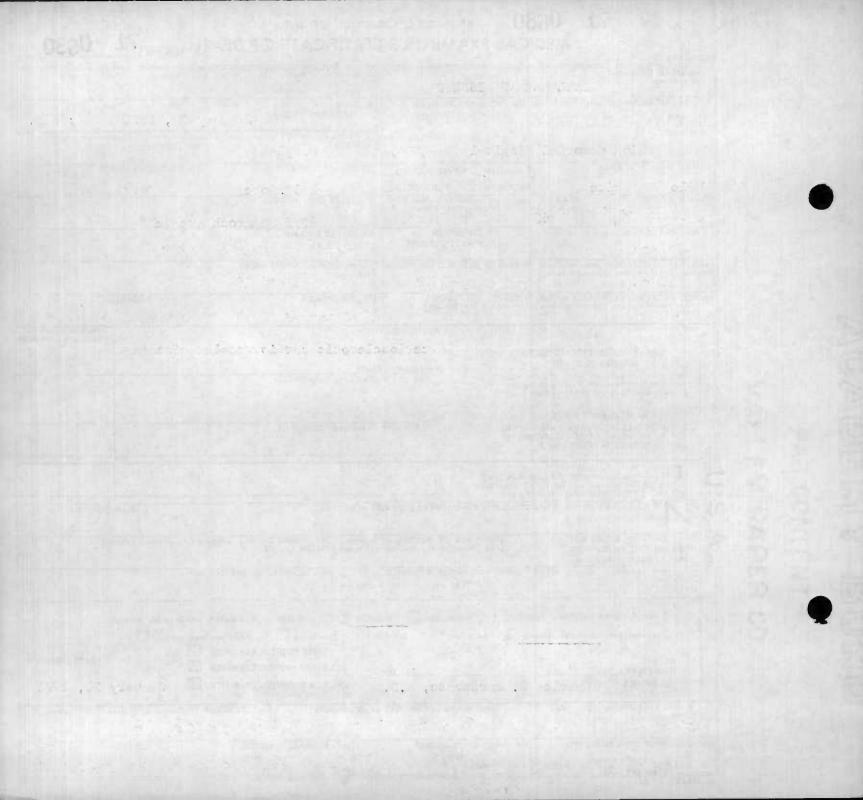
BIRTH NO. 71 0678 CERTIFICA	ATE OF DEATH X REG. NO. 71 0678
(Type or Print) ROUT, CHARLES R.	2. DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MD. BALTO CO 63-00
ST AGNES HOSPITAL	BALTO. 21228 D. INSIDE CITY LIMITS? YES NO MXX
WILKENS & CATON AVES BALTO., MD.	E. STREET AND NUMBER
	400 FREDERICK RD.
MALE NEVER MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr. II Under 24 Hrs. Months; Doys Hours; Min.
10A. USUAL O CCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	8 24 92 78  11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
RETIRED/ENGINEER	
13. FATHER'S NAME	MARYLAND, USA USA
JAMES ROUT	(BLOOM) SAVILLE
15. Was Deceased Ever in U. S. Armed Forces? [16. SOCIAL	17 INFORMANIA
NO SECURITY NO.	ST AGNES HOSP., WILKENS & CATON AVES
18. LA 12. 4 CAUSE OF DEAT	
DISEASE OR CONDITION DIRECTLY	S C V )
LEADING TO DEATH  (This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CAL	USE
hearl lailure, asthenio, etc. It means the disease, injury or camplication which coused death.)	A CONSEQUENCE OF:
ANTECEDENT CAUSES	rdice orrhytmic
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	A CONSEQUENCE OF:
rise to the obove cause (A) stating the UNDERLYING CONDITION last, (C)	
11	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	anemia
O 304	120A ALVANCYS (V N. V. AAB 15 V.
WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i	n or obout[2] C WHERE DID
O DEATH (notify medical examined) etc.)	ince piede (Market OCCOR)
21D-TIME IMonth) IDoy) (Yeor) IHour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
Work At Work	° 🗆
22. I certify that (2) (this hospital) attended the deceased from	19 / ta 21 19 /
that (We) last saw the deceased alive an 121	19 71 and that in (aur) apinian death accurred an the date
and haur and from the causes stated abave (We) (did) (did) (did) v	lew the bady after death.
	nding Med. Shaff DR? 1/22/1/
DEGREE Phys	
(NAME ITYPO) MOSE CERCLES MAD	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF CRE	ST AGNES HOSPITAL  MATORY   24D. LOCATION   City, town, or county)   [Stole]
	1011/1 (00011)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF DEGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 25 1377 Wales & James 14.2.	[ & Mac Mabb 30/ Frederick Rd



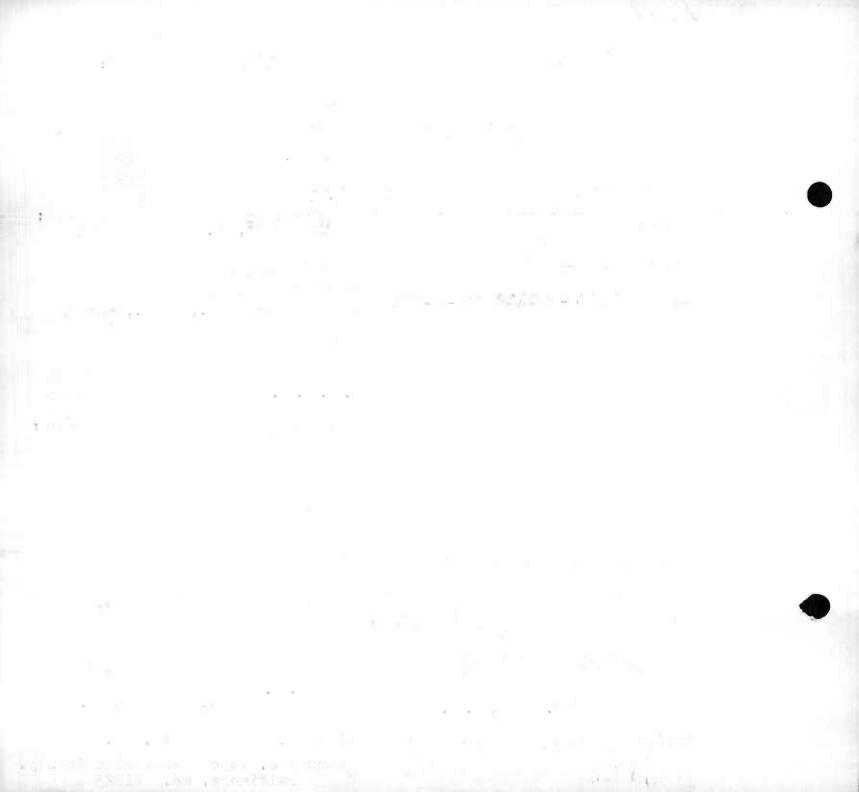
I. NAME OF DECEASED			TE OF DEATH	AND HOUR OF DEAT	-0,0
(Type or Print) CARL MEYE	THACE GE	TD.			
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONC	OUNCED DEAD	114 USUAL RESIDENCE (W	21 Jan 71 There deceased lived, If	institution: residence before admissio
FILL NAME OF THE NOT IN HOSHIT	AL OR INCES		Md.	UNTY	7
FULL NAME OF HOSPITAL OR ADDRESS OR LOCALINGTITUTION	TUTION, GIVE STREET	c. CITY OR TOWN	D 10	/- 0 /	
0.0			Baltimore	D. IN	VES NO NO
725 N. Menwood Av		E. STREET AND NUMBER		YES NO	
THE IN MICHWOOD IN		725 N. Kenwo	od Arra		
5. SEX 6. RACE	7. MARRIED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In veors	If Under 1 Yr. , Il Under 24 H. Months; Days Haurs; Min.
Male Caucasian	WIDOWED		1 Aug 04	last birthdoy) 66	Months Doys Haurs Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)	10B, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or to	preign country)	12. CITIZEN OF WHAT COUNT
rate clerk	truck	transport	Md.		U.S.A.
13. FATHER'S NAME		1	14. MOTHER'S MAIDEN N	AME	U.D.A.
William Otis S	namer				.31e.e
15. Was Deceased Ever in U. S. Armed Face	ras?	16. SOCIAL	17. INFORMANT	Virginia Lu	
(Yes, na or unknown) (It yes, give war or doles	s of service)	SECURITY NO. 216-03-4136		Coomer 705	ADDEE 205
18. / 5 // 1		CAUSE OF DEATH		phemer, 125	N. Kenwood Ave.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if a		(6)	A CONSEQUENCE OF	**************************************	***************************************
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il a rise la the above cause (A) UNDERLYING CONDITION last.	iny, giving stating the	(B)(B)(C)	A CONSEQUENCE OF:		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, il a rise la the above cause (A) UNDERLYING CONDITION last.	stating the  NTRIBUTING LE TERMINAL	(c)	A CONSEQUENCE OF:		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il a rise la the above cause (A) UNDERLYING CONDITION last.  O OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. COND	INY, giving stating the NTRIBUTING IE TERMINAL 1 (A).	(c)		No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il a rise la the above cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. COND WAS PERFO	INY, giving stating the NTRIBUTING IE TERMINAL 1 (A).	WHICH OPERATION  PLACE OF INJURY (e.g., inn. foctory, street, off			FINDINGS CONSIDERED AUSES OF DEATH?
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il a rise la the above cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS	NTRIBUTING LE TERMINAL LA (A).  ORMED  218, hometc.	WHICH OPERATION  PLACE OF INJURY (e.g., in farm, factory, street, off	20A. AUTOPSY? (Yos or hard obout 21G. WHERE DID injury Occur?	(It in Baltima	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il a rise ta the above cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONDITION CONTRIBUTING CAUSE OF DEATH (notify medicol examines)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examines)  21D. TIME (Manth) (Doy) (Year)	VIRIBUTING E TERMINAL 1 (A).  218, hom etc. (Hour) 21E.	WHICH OPERATION  PLACE OF INJURY (e.g., in farm, factory, street, off	20A. AUTOPSY? (Yos or hard obout 21G. WHERE DID injury Occur?	(It in Baltima	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il a rise ta the above cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTING CAUSE OF DEATH (notify medicol examines)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examines)  21D. TIME (Manth) (Doy) (Yeor) (APPROX.)	NTRIBUTING E TERMINAL 1 (A). DITION FOR VORMED  (Hour) 21E, Whi	WHICH OPERATION  PLACE OF INJURY (e.g., in form, factory, street, off the form)  NJURY OCCURRED  The file At Mark	20A. AUTOPSY? (Yos or hand) or obout 21C. WHERE DID ice bidg., INJURY OCCUR?	(It in Boltimo	are City, give exoct lacation)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il a rise ta the above cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 178. CONDITION OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examines)  21D. TIME (Manth) (Doy) (Year)	NTRIBUTING E TERMINAL 1 (A). DITION FOR NORMED  (Hour) 21E, Whi War ottended th	WHICH OPERATION  PLACE OF INJURY (e.g., in form, factory, street, off the form)  NJURY OCCURRED  The file At Mark	20A. AUTOPSY? (Yos or hand of bout 21C. WHERE DID injury Occur?	(If in Boltimo	are City, give exoct lacation)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il a rise ta the above cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 178. CONDITION OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)  21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examinet)  21D. TIME (Manth) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) that (I) (we) lost sow the deceased	Iny, giving stating the VIRIBUTING IE TERMINAL I (A).  ORMED  218, ham etc.  (Hour) 21E, Whith War of tended the state of	WHICH OPERATION  PLACE OF INJURY (e.g., in the control of the cont	20A. AUTOPSY? (Yos or hand of obout 21C. WHERE DID ice bidg., INJURY OCCUR?	IJURY OCCUR?	are City, give exoct lacation)
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il a rise la the above cause (A) UNDERLYING CONDITION last.  Il OTHER SIGNIFICANT CONDITIONS CONDITION BEASE OR CONDITION GIVEN (IN PART 19A. DATE OF OPERATION WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (notify medicol examinet)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examinet)  21B. TILL TIME (Manth) (Doy) (Year) OF INJURY (APPROX.)  22. I certify that (I) (this hospital)	Iny, giving stating the VIRIBUTING IE TERMINAL I (A).  ORMED  218, ham etc.  (Hour) 21E, Whith War of tended the state of	WHICH OPERATION  PLACE OF INJURY (e.g., in the control of the cont	20A. AUTOPSY? (Yos or hand of obout 21C. WHERE DID ice bidg., INJURY OCCUR?	IJURY OCCUR?	ore City, give exoct location)  72 2 197/  Inlandeoth occurred on the do
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il a rise ta the above cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTING CAUSE OF DEATH (notify medicol examines)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examines)  21D. TIME (Manth) (Doy) (Yeor) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) that (I) (we) lost sow the deceased and hour and from the causes state	Iny, giving stating the VIRIBUTING IE TERMINAL I (A).  ORMED  218, ham etc.  (Hour) 21E, Whith War of tended the state of	WHICH OPERATION  PLACE OF INJURY (e.g., in e.g., form, factory, sheet, official offi	20A. AUTOPSY? (Yos or It ar obout 21C. WHERE DID ince bidg., INJURY OCCUR?  21F. HOW DID IN 19 21 ond to the widing Med.	(It in Boltimo	ore City, give exoct location)  19 7/  pinion deoth occurred on the do
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il a rise to the above cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 199A. DATE OF OPERATION WAS PERFORM WAS PERFORM OR CONTRIBUTING CAUSE OF DEATH (naify medicol examines)  21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.)  22. I certify that (I) (this hospital) that (I) (we) lost sow the deceased and hour and from the causes state 23A. SIGNATURE	Iny, giving stating the VIRIBUTING IE TERMINAL I (A).  ORMED  218, ham etc.  (Hour) 21E, Whith War of tended the state of	WHICH OPERATION  PLACE OF INJURY (e.g., in the control of the cont	20A. AUTOPSY? (Yos or hand) ar obout 21C, WHERE DID ince bidg., INJURY OCCUR?  21F. HOW DID IN inception in i	IJURY OCCUR?	ore City, give exoct lacation)  19 7/  Inlant death occurred on the de
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il a rise to the above cause (A) UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION 19B. CONDITIONS CONTRIBUTING CAUSE OF DEATH (notify medicol examines)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examines)  21D. TIME (Manth) (Doy) (Yeor) OF INJURY (APPROX.)  22. I certify that (I) (this hospital) that (I) (we) lost sow the deceased and hour and from the causes state 23X. SIGNATURE	NTRIBUTING ETERMINAL 1 (A). DITION FOR VORMED  (Hour) 21E. Whit Word ottended the dolive on	WHICH OPERATION  PLACE OF INJURY (e.g., in the, form, factory, street, off injury occurred his At Wark in edeceosed from	20A. AUTOPSY? (Yos or hand) a or obout 21G. WHERE DID ince bldg., INJURY OCCUR?  21F. HOW DID IN the body ofter death.  21G. Med. Director  3D. ADDRESS	(It in Boltimo	ore City, give exoct location)  19 7/ pinton death occurred on the death
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il a rise to the above cause (A) UNDERLYING CONDITION last.  Il OTHER SIGNIFICANT CONDITIONS CONTO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 1994. DATE OF OPERATION [198. CONDITION OF CONTRIBUTING CAUSE OF DEATH (notify medicol examines)  21.A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medicol examines)  21.D. TIME (Manth) (Doy) (Year) (APPROX.)  22. I certify that (I) (this hospital) that (I) (we) lost sow the deceased and hour and from the causes state 23. SIGNATURE  23.C. PHYSICIAN'S NAME (Type)  ANGLEW Lemisch  ANGLEW Lemisch  ANGLEW Lemisch  ANGLEW Lemisch  ANGLEW Lemisch  ANGLEW Lemisch	NTRIBUTING ETERMINAL 1 (A). DITION FOR VORMED  (Hour) 21E, Whi War ottended the dolive on ed obove. (1)	WHICH OPERATION  PLACE OF INJURY (e.g., in the form, factory, street, off injury occurred has been as the form of the first occurred by the form of the form occurred by the form	20A. AUTOPSY? (Yos or hand)  or obout 21G. WHERE DID ince bldg., INJURY OCCUR?  21F. HOW DID IN the state of	(It in Boltimo	ore City, give exoct location)  19 7/ Into death occurred on the death occurred occurred on the death occurred occurred on the death occurred oc
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il a rise ta the above cause (A)  UNDERLYING CONDITION last.  II  OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION GIVEN IN PART 19A. DATE OF OPERATION WAS PERFORMAN PROBLEM (Manth) (Doy) (Year)  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (naiffy medical examines)  21D.TIME (Manth) (Doy) (Year)  OF INJURY (APPROX.)  22. I certify that (I) (this hospital) that (I) (we) lost sow the deceased and hour and from the causes state 23C. Physician's NAME (Type)  23C. Physician's NAME (Type)  Andrew Lemisch  A. SURIAL CREMATION, 24B. DATE	NTRIBUTING E TERMINAL 1 (A). DITION FOR VORMED  (Hour) 21E, Whi War ottended the dolve on— ed obove. (1	WHICH OPERATION  PLACE OF INJURY (e.g., in the form, tactory, street, off injury occurred has been at work in the deceased from the deceas	20A. AUTOPSY? (Yos or hand) ar obout 21C. WHERE DID ince bidg., INJURY OCCUR?  21F. HOW DID IN ince be	(It in Boltimo	ore City, give exoct lacation)  19 7/ pinton death occurred on the death
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il a rise to the above cause (A) UNDERLYING CONDITION last.  Il OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITION GIVEN IN PART 1994. DATE OF OPERATION 1998. CONDITION GIVEN IN PART 1994. DATE OF OPERATION CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS (AS PERFORMANCE CONDITIONS	NTRIBUTING E TERMINAL 1 (A). DITION FOR VORMED  (Hour) 21E. Whi Wor  ottended the dolive on— ed obove. (1)  hka, MD  24G.NA	WHICH OPERATION  PLACE OF INJURY (e.g., in the form, factory, street, off injury occurred has been as the form of the first occurred by the form of the form occurred by the form	20A. AUTOPSY? (Yos or hand) ar obout 21C. WHERE DID ince bidg., INJURY OCCUR?  21F. HOW DID IN ince be	(If in Boltimo	ore City, give exoct location)  19 7/ Inton death occurred on the diagram of the



71 0680 BALTIMORE CITY HEA	ALTH DEPARTMENT	
W-252 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	71 0680
BIRTH NO.	KEG. NO.	
(Type or Print)	2. DATE Known Manth Day	Year Hour
PAUL HERMAN WISSING	DEATH Estimoted L	м
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD January 20, 197	71 4:55 P. M
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution:	
Union Memorial Hospital (DOA)	A. STATE Maryland B. COUNTY	26-42
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	Y LIMITS?
Male White WIDOWED □ DIVORCED □	Baltimore YES	NO [
9. DATE OF BIRTH 10.AGE (In years 10.AGE) 11. Under 1 Yr, 11 Under 24 Hrs. Months, Days, Haurs, Min.	E. STREET AND NUMBER 4375 Shamrock Avenue	
11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF	13. FATHER'S NAME	
W. VA. WHALCOUNTRY?	HERMAN F. WISSING	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME	
dane during most of working life, even if retired) POST OFFICE	MARGARET PAUL	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADI	DRESS 23200
(Yes, no ar unknown) (If yes, give wor or dates of service) SECURITY NO.	MAS. MARIE URSSING 4374. J	VAMPOCK ALCO
19. A CAUSE OF DEAT	TH .	APPROXIMATE INTERVAL
Arteriose	clerotic cardiovascular disease	BETWEEN ONSET AND DEATH
LEADING TO DEATH		
(A)IMMEDIATE C.	AUSE AS A CONSEQUENCE OF:	
heart follure, asthenio, etc. It means the disease, injury or complication which caused death.)		
ANITECEDENIX CAUSES		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR A	AS A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
Z (c)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED	21. AUTOPSY? (Yes or No)
	S TEN ONNED	
Z22A. EXTERNAL CAUSE WAS   228, PLACE OF INJURY(e.g., i	in or about 22C. WHERE DID (if in Boltimare City, give exact	Yes
UNDERLYING OR CONTRIB. home, form, factory, street, office	bldg., etc.) INJURY OCCUR?	location
22D. TIME (Manth) (Day) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?	
OF INJURY WHILE AT NOT	WHILE	
23. m. WORK AT WO	ORK L	
I certify that I held an Inquiry Inspection Aut	topsy 🛛 and that an this basis, death in my a	ninian
resulted fram: Notural couses X Accident Sulcide		
	CHIEF MEDICAL EXAMINER	
ACTUAL (Gall)	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
SIGNATURE  EXAMINER'S Charles S Springate M D		01 1071
NAME (Type)		1ary 21, 1971
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CREMOVAL (Specify)	Carrier and Carrie	or county) (Stote)
REMOVAL (Specify) 23 JAN 71 OAK LANN	Cemerery 109220- Co. W.	0.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADD	DRESS 21206
10N 25 1071 P. J. A E. Ja Ber M.D.	CREACH EUDORAL HAMA	3 PROLANIAD.
VS 151-REV. 1/1/68	9 6 7 9	· / On - vo poets



BIRTH NO.	EASED	-	CERTIFICA	TE OF DEATH	REG. NO	<del>/1 0681</del>
	HARTLESS, R			1/	21/71	1:45 A
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRON	OUNCED DEAD	4. USUAL RESIDENCE (W.A. STATE B. COL	INIT	institution; residence before admis
FULL NAME OF	ADDRESS OR LOCA	AL OR INST	TUTION, GIVE STREET	Maryland	9.9.60	52-01
Ve	eterans Admin			C. CITY OR TOWN Baltimore	D. INS	SIDE CITY LIMITS?
2339	000 Loch Rave	n Boule	evard	E. STREET AND NUMBER		YES NO X
90				700 MON St	reet	
5. sex Male	6. RACE White	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9/2/21	9. AGE (In years lost birthdoy)	Months Doys Hours M
IOA. USUAL OCCU	JPATION (Give kind of world			11. BIRTHPLACE (State or fo	49	12. CITIZEN OF WHAT COU
Laborer	working life, even if retired)			Burena Vis		USA
3. FATHER'S NAM	AE			14. MOTHER'S MAIDEN N.	AME	
	m Hartless			Ollie Nucl	kles	
Yes, no or unknown)	Ever in U. S. Armed For of dole 9/27/43 = 2	s of service)	16. SOCIAL SECURITY NO. 229-12-2652	VA Hospital 1	Records	ADDRESS
18.	0 1	20,40	CAUSE OF DEAT	3900 Loch Rave	en Blvd. Ba	Lto Md 2128
I E	E OR CONDITION DI	ECTLY				BETWEEN ONSET AND D
	LEADING TO DEATH		(A) IMMEDIATE CAL	Bronchopneum	onia	1 Week
heart foilure.	of mean the mode of osthenia, etc. It means	the disease	DUETO OD AC	A CONSEQUENCE OF:	******************************	Several
1	plication which caused	death.)		C. O. P. D.		Years
	R CONDITIONS, if	nny. niviny	(B)	A CONSEQUENCE OF:		
rise to the	above cause (A) CONDITION last.	stating the		Pericarditis		Several Months
	II		(C)	***************************************		
OTHER SIGNIFI	CANT CONDITIONS COL	ATRIBUTING				
DISEASE OR CO	BUT NOT RELATED TO THE	T 1 (A).	***************************************	***************************************		
OTHER SIGNIFI TO THE DEATH DISEASE OR CO	OPERATION 198 CON	ORMED	WHICH OPERATION	YES	10) 20 R. IF YES, WERE	FINDINGS CONSIDERED
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	21 hor	B. PLACE OF INJURY (e.g., i me, farm, foctory, street, at	n or about 21 C. WHERE DID lice bidg., INJURY OCCUR?	(If In Boltimor	re City, give exoct location
21D.TIME	(Month) (Doy) (Year)	(Hour) 211	E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
(APPROX.)			hile At Not While			
22. I certify	that (this hospital		the deceased from JE		19 71 to Jai	nuary 21 10 7
that M) (we)	last saw the decease	d alive an_	January 21	1977and +	hat In (my) (aur) sole	nion death accurred on the
and hour and	fram the causes stat	ed above	1) (Me) (q1q) (q1q) 40) A	lew the bady after death.		acom accomed on the
23A. SIGNATU	RE 1	Som				23B. DATE SIGNED
	mand	1 40	OEGREE Phys	nding Med. Director	Staff Phys.	1-21-71
NAME (Ty	pel	- inflation from		3000 Toch Boyer	Hospital	timono Ma
4A. BURIAL CREA REMOVAL (S	Kameel F.	Farag.	M. D. OEGREE	3900 Loch Raver		ity, town, or county) (State
Buria	1 . 1 . 1 .	1. G	len Haven Me	emorial Pk.	Glen Burni	
		25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTO		001 Rifchie Hg
UBN 41	HALL MARKED &	A MARIE	5 Th. 40	10 0 0 3	imore Md	



	AFTER STANDING CITY HE	
bu	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71 0682
-	RTH NC.	
(Ty	NAME OF DECEASED pe or Print)	2. DATE Known Manth Doy Year Hour
	Ida M. Lehman	DEATH Estimated .
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Hour
	LL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD
HO	SPITAL ADDRESS OR LOCATION) INSTITUTION	1 19 71 12:15p M
O.	INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
	0 0 116 W. Lee St.	A. STATE B. COUNTY 7.7
6.		Maryland  C. City OR TOWN  D. INSIDE CITY LIMITS?
	SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITT OR TOWN
Í	emale white WIDOWED DIVORCED	Baltimore YES X NO D
	DATE OF BIRTH 10. AGE (In years   # 1 Index 1 Vr. II I Index 24 Hrs	E. STREET AND NUMBER
	Months Days Hours Min.	
	June 1.3, 1.91 2 58 XX	116 W. Lee St.
11.	BIRTHPLACE (State or foreign country) 12, CITIZEN OF	13. FATHER'S NAME
	Maryland WHATCOUNTRY?	Gilbert L. Maris
144	USUAL OCCUPATION (Give kind of work) 148. KIND OF BUSINESS OR INDUSTRY	
dan	e during most of warking life, even it retired)	
		Emma Brown
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Ye	t no or tinknown\\/if yes give were delete of sequire\ CECIDITY AIO	
		Ernest Lehman Severna Park, Md.
	19. 4/2 4 CAUSE OF DEAT	TH APPROXIMATE INTERVAL
		BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY Arterios	clerotic cardiovascular disease
	(A)IMMEDIATE C	
	(This does not meon the mode of dying, e.g., heart failure, asthenia, etc. It meons the disease,	S A CONSEQUENCE OF:
	injury or camplication which coused death.)	
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z	(c)	
읟		
₹	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
2	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
CERTIFICATION	DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************
E	20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
O		no
7	22A. EXTERNAL CAUSE WAS   22B. PLACE OF INJURY (e.g.,	no
EDIC,	UNDERLYING OR CONTRIB.   hame, form, lactary, street, affice	in or about 22C. WHERE DID (II in Baltimare City, give exact location)
8	UTING CAUSE OF DEATH.	and the state of t
	22D. TIME (Manth) (Day) (Year) (Haur) 122E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
	OF INJURY	WHILE -
	m. WORK AT W	ORK
	23,	
	I certify that I held an Inquiry Inspection XX Aut	apsy and that on this basis, death in my apinion
	resulted from: Natural causes XX Accident Suicid	
	11/10/12/1- 1/1/	CHIEF MEDICAL EXAMINER
	ACTUAL ////////////////////////////////////	ASSISTANT MEDICAL EXAMINER   DATE SIGNED
	SIGNATURE M.D.	
	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
		Deputy Chief Medical Examiner 1/19/71
	BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
KE	WOVAL (Specify)	
	Burial 1/23/71 Mt. Olive	
25/	A. DATE REC'D BY HEALTH DEPI. 238. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
	12 N 25 1971 14 Sept for Parades 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	George J. Gonce 4001 Ritchie Hgy.
-		O A Baltimore, Md. 21225
VIC	15) DEV 3/1/49	

The same of the sa able, dor'd has byed married to me ma thou at this TOTAL TOTAL TERS 

1.452 71 0683 BALTIMORE CITY HEALTH DEPARTMENT

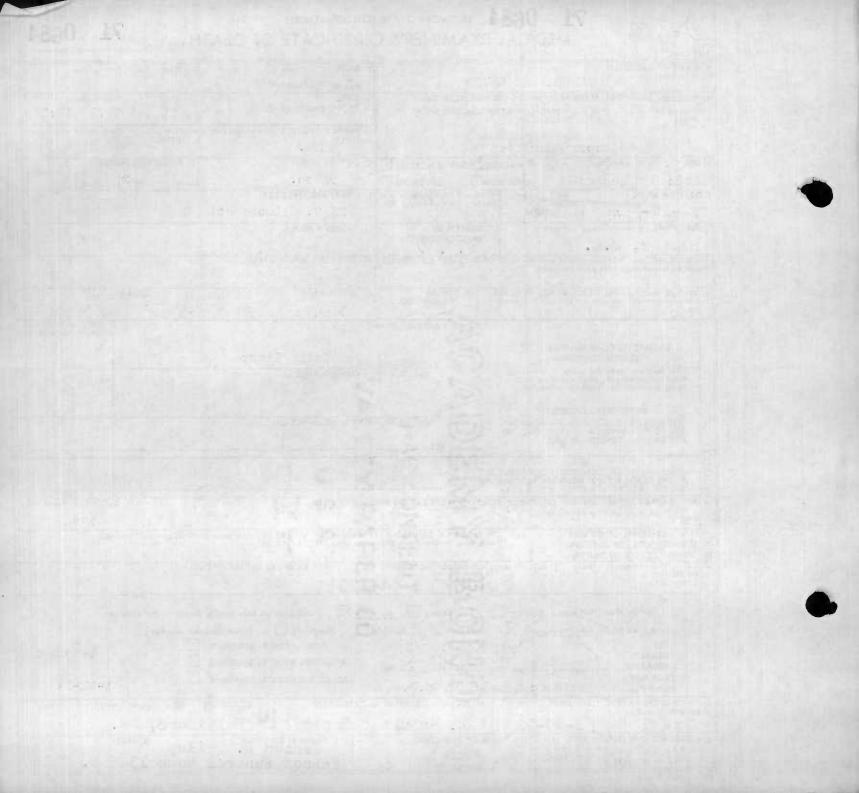
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH
MILDICAL	FVVVIII 4FV 2	CLKIIICAIL		DEATH DE

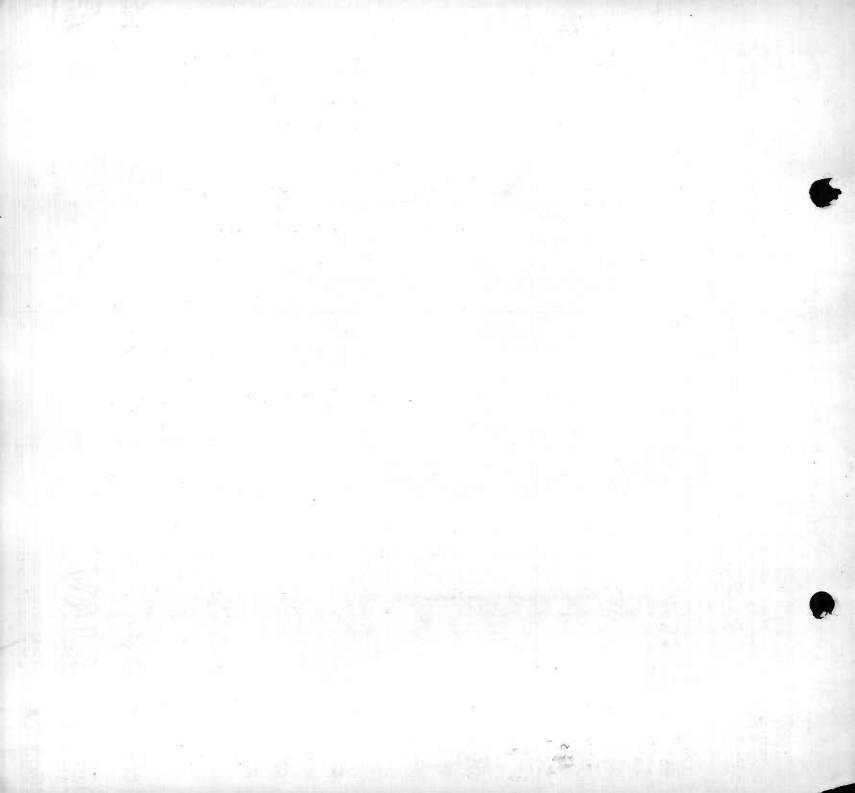
BI	K-45	2	MED	ICAI	. EX	AMINER'S	CERTII	FICATE (	OF DE	ATH REG. NO	71	0683
	NAME OF DEC		JOSEPH	1 12	T TIATE	7 Tm	2. DATE	Known 1			Yeor	Hour
					LUNK		DEAT	f Estimoted			.971	M.
FU	PLACE IN BAL					N, GIVE STREET		OUNCED DEA	Jan	uary 21, 1		7:30 P. M.
OR	Un	ion Mem	orial	Hosp	ital	(DOA)	A. STATE			sed lived, if Institution B. COUNTY	residence	e before odmission)
6.	SEX	7. RACE		B. MARI	RIED	NEVER MARRIED	C. CITY	OR TOWN	illa	D. INSIDE CI	TY LIMITS	7
]	Male	Whit	e	WIDO		DIVORCED		Baltin	nore	V	ES X	NO 🗆
9.	DATE OF BIRT	Н	10.AGE (In	yeors	H Und	der I Yr. II Under 24 Hrs.	E. STREE	T AND NUMB	ER			
J.	une 15,	1925	10. AGE (Ir lost birthdo	45		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		409 E.	31st	Street		
11.	BIRTHPLACE (S		n country)			TIZEN OF HAT COUNTRY?	13. FATH	ER'S NAME				
	Maryl					U.S.A.		Joseph		Klunk, S:	r.	
	e during most of v	vorking life, eve	n il retired)			USINESS OR INDUSTR	Y 15. MOT					
		Driver			eel	Industry		Louise	M. A	nders		
16. (Ye	WAS DECEAS s, no or unknown Yes	(If yes, give w	or or dotes	of service	57	219-18-528	18. INFO		Klun	k Beltim	31s	t St.
	19. / 8	808				CAUSE OF DEA				2.2.11		APPROXIMATE INTERVAL
	DISEAS	E OR CONDI	TION DIREC	CTLY		Massive,	acute	pulmonar	y thro	mboembolis		
		LEADING TO				(A)IMMEDIATE						
	heart foilure	of meon the r , osthenio, etc.	It meons the	diseose,		DUE TO, OR	AS A CONS	EQUENCE OF:				
	injury or con	nplication which	i cousea aec	in.)							Paul:	
		NTECEDENT C						of left		extremity		
	RISE TO THE	OR CONDITIC E ABOVE CAU NG CONDITIC	ISE (A) STAT	ING THE		50E 10, OK	AS A CON	SEQUENCE OF:				
Z	UNDERLIT	NG CONDING	JN LASI.			(c)						
ERTIFICATION		IFICANT CON ATH BUT NOT										
E	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A)								
SE	20A. DATE OF	OPERATION	208. CON	NOITION	FOR W	HICH OPERATION W	AS PERFO	RMED				Yes
AL	22A. EXTER	NAL CAUSE V	WAS		22B. PL	ACE OF INJURY(e.g.,	in or obou	1 22C. WHERE	DID (II in Bo	Itimore City, give exo		
100	UNDERLYING UTING CA				home,	form, foctory, street, office Stairs	e bldg., etc.	HINJURY OCC	UR?	t. Fell do		· Frank Stranger
Σ	22D. TIME	(Month) (De		) (Hou	r) 221	E.INJURY OCCURRED	2	22F. HOW DI			W11 5C	Larib
	OF INJURY (APPROX.)	1-1-7	1 ?			ORK NOT	WHILE ORK	Fell b	ecause	of snow o	n sta	airs
		ify that I he	ld an i	ngulry		Inspection Au	topsy X	ond that	on this ba	sis, deoth in my	oninion	
		ed from: No				cident K Suicio		Homicide 🔲		ermined monner	_	
		0.1	1 1			13.0		CHIEF MEDIC				
	SIGNATI	IDE (X	will	3 1	. 0	Aswing Co.	A	SISTANT MEDI	CAL EXAMIN	NER X		DATE SIGNED
	EXAMIN NAME (1	ER'S CI	harles	S. S	Spri	ngate, M.D.	AS	SOCIATE MEDI	CAL EXAMIN	NER 🗆 Jan	uary	21, 1971
	A. BURIAL CREA	MATION, 24	B. DATE		24C	NAME of CEMETERY	or CREMA	TORY	24D, LOCAT	ION (City, town	, or count	ty) (Stote)
	Purial	-	fan. 23	3, 1	971	Evergreen	Mem	orial d	ar. F	inksburg	. Ma	rvland
25	A. DATE REC'D	BY HEAUTH D	EPT.	25B	MAME C	DE REGISTRAR		. FUNERAL DI	RECTOR		DDRESS	
	JAN 2	1971	Wallsall	6	1000	er part	0 0	Ph /35	Blan	Wowings	Mil	ls, Md.
VS	151-REV. 3/1/61	1/8 2	17.0									

. TE . TRUE WILL GOTTON . O. E. market, Division

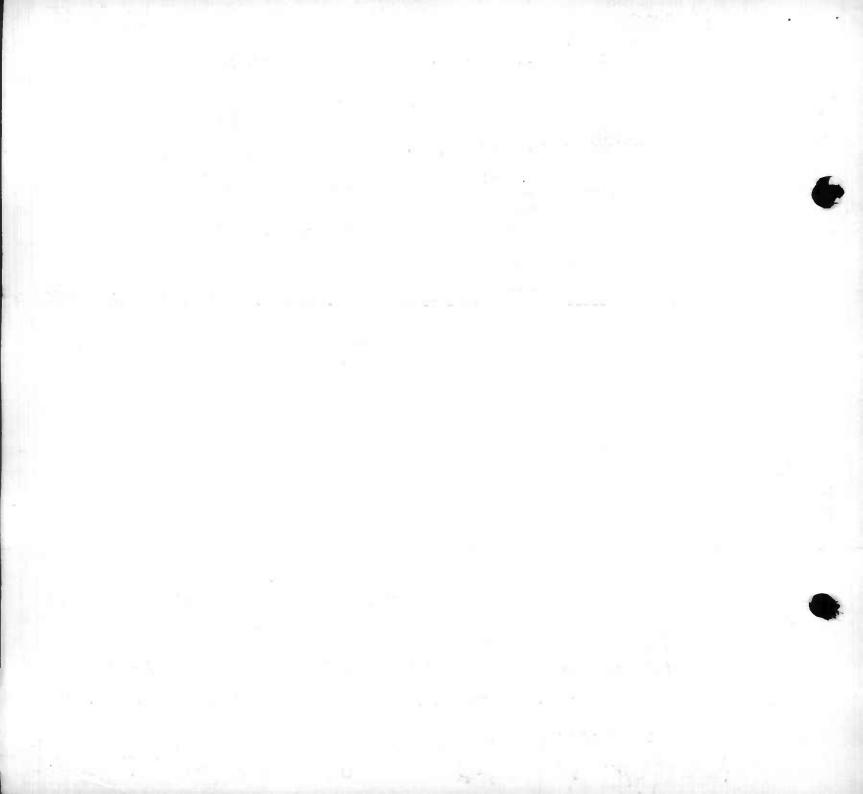
71	0684
	. O

BIRTH NC.	DICAL E	XAMINER'S	CER	TIFIC	CATE OF	DEAT	H REG. NO.	11.1	06	84
I. NAME OF DECEASED	LEE DAV	TD		OATE OF	Known   Estimated	Month	Doy	Year	Hour	
4. PLACE IN BALTIMORE, MARYLAND,		<u>_</u>		DATE	Estimated [	A4 41	0-	Year	Hour	M.
FULL NAME OF (IF NOT IN HOSPIT HOSPITAL ADDRESS OR LOC.	P	RONOU	NCED DEAD	Month 1	21	1971	12:	20p <sub>M</sub>		
		TATE	SIDENCE (Where	deceased liv	B. COUNTY	n: residence b	elore odmi	ssion)		
Bon Secour Hos	Md.  C. CITY OR TOWN  D. INSIDE CITY LIMITS?									
		NEVER MARRIED	c. c							
male negro	WIDOWED				to.		Y	ES 🔼 N	10	
9. DATE OF BIRTH 12-10-1910 10. AGE (last birthd)	Mon	nder 1 Yr. 11 Under 24 Hrs. ihs; Doys; Hours; Min.	E. 5		N. Gilmor	e St.				
11. BIRTHPLACE(State or foreign country)		CITIZEN OF	13. F	ATHER'S	NAME	•				
Sumter, S.C.		WHAT COUNTRY?		Cec	orge W.	David				
14A.USUAL OCCUPATION (Give kind of work	148. KIND OF	BUSINESS OR INDUSTR	Y 13.	MOTHER	S MAIDEN NAM	ΛE				
done during most of working life, even if retired)	4:2/0	jestesju usje	Ch	rist	ine					
16, WAS DECEASED EVER IN U.S. ARME	D FORCES?	17. SOCIAL		INFORM.		day	- A	DDRESS	7	
(Yes, no or unknown) (Il yes, give wor ar dates	at service)	217-07-639	1	Gene	eva Davi	1 200	oklyn,	ing P	Lace York	
19. 6 7/		CAUSE OF DEA	TH	CICIIC	ACT TO AT	. W	JUKJ JII.	APP	ROXIMATE II	NTERVAL
3/1/81								BETWE	EN ONSET	AND DEATH
DISEASE OR CONDITION DIRE	CTLY			F	atty live:	r				
	ylng, e.g.,	(A)IMMEDIATE								
(This does not mean the mode of di heart failure, osthenia, etc. It means the injury or camplication which caused de	e diseose,	DUE 10, OK	AS A C	ONSEQU	ENCE OF:					
	,									
ANTECEDENT CAUSES		(B)								
DISEASES OR CONDITIONS, IF AN'	Y, GIVING	(B) DUE TO, OR	AS A	CONSEQ	UENCE OF:					
I UNDERLYING CONDITION LAST.		(c)								
		(0)								
OTHER SIGNIFICANT CONDITIONS C	THE TERMINAL									
20A. DATE OF OPERATION 20B. CO		WHICH OPERATION W	AS PEI	REORME	D			21. AUTOP	SY2 (Yes	or No)
0					1966				es	, , ,
Z2A. EXTERNAL CAUSE WAS	1228.	PLACE OF INILIBY(e.g.	in or e	about 22	WHERE DID (	I in Rollimor	a Ciby about	1	63	
UNDERLYING OR CONTRIB-	home	PLACE OF INJURY(e.g., e, farm, loctory, street, affic	e bldg.	., etc.) IN	JURY OCCUR?	ii in balamar	e City, give exc	ct locotian)		
UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Yeo	2 (11-11-2)	2E.INJURY OCCURRED		100	T. HOWER IN	0.00	100			
OF INJURY			WHILE		HOW DID INJ	URY OCCI	IKE			
(APPROX.)			ORK				70			
				(E)						
I certify that I held an I	_	-	topsy	_	and that on th			•		
resulted from: Natural cau	A V	coldent Sulcio	le 🔲	Нол	icide 🔲 👢	Indetermin	ed monner			
ACTUAL	Arts.	1 1000		CI	HIEF MEDICAL E			-	ATE SIG	NED
SIGNATURE	Dull	AVELO X M.D	).	ASSIST	ANT MEDICAL EX	KAMINER	X		AIL JIO	RED
EXAMINER'S	10 Miles	-		ASSOC	TATE MEDICAL EX	CAMINER		1 0	2 71	
		akis, M.D.					6.3		2-71	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24	C. NAME of CEMETERY	or CR	EMATOR	Y 24D. L	OCATION	(City, town	, ar county)	(Sto	te)
Burial 1-27.	-71	lit. Auburn	100	effet'e	ry	Balti	more,	Id.		
25A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	1		INERAL DIRECTO	D	Al	DDRESS		
JAN 25 1977 (23.63	E Fills	14. D.			vernon i	t. Bai eral	lley Thome I		. Ca	1' 01
VS 151-REV. 1/1/68										====





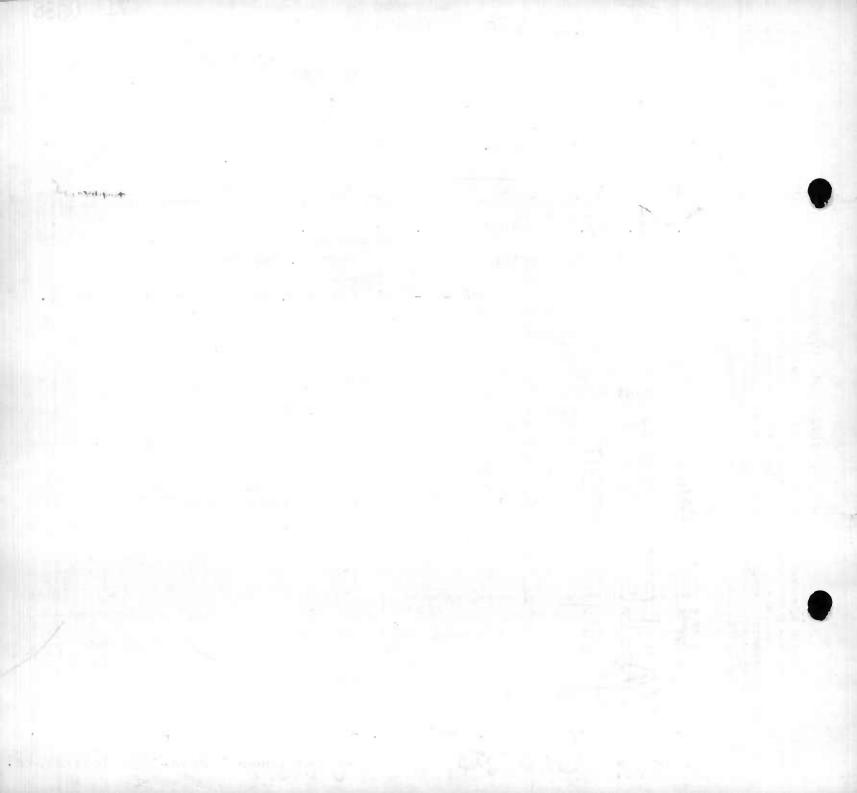
1 - 35			DALIMORE CITT	HEALTH DEPARTMENT		1-3	
BIRTH NO.	2 174	0081	CERTIFICA	TE OF DEATH	REG. NO	(1 (	7686
NAME OF DEC		Ung	U		AND HOUR OF DEATH	4	
Type or Print)	Carroll	M. Redd	ing Sr.		1/19/71		5-15 0.
. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution; residence	before odmission)
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITU	UTION, GIVE STREET	Maryland c. City or town Baltimore		SIDE CITY LIMITS?	-
4500 Gr	bveland Avenu	ie. Balt	imore. Md.	E. STREET AND NUMBER		YES 🔼	ио 📗
00		, , ,	200, 210.	4500 Grovela	and Avenue,	21215	
- SEX	6. RACE	7. MARRIED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months: Doys	, If Under 24 Hrs.
Male	White	WIDOWED	DIVORCED	9/4/01	69	Months Doys	Hours Min.
A. USUAL OCC	UPATION (Give kind of work	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Id	proign country)	12. CITIZEN OF	WHAT COUNTRY
Retired	working life, even if retired) Printer	Prin	ting	Manchester	Mary Land	US	Δ
FATHER'S NA				14. MOTHER'S MAIDEN N	,		474
		adding.		THE MOTHER'S MAIDEN N			
Was Danced	William R Ever in U. S. Armed For	0	11 4 60 01 11		Ada Gr	een	
es, no or unknown	(Il yes, give wor of dote	s ol service)	SECURITY NO.	17. INFORMANT			ESS 21215
No			212-07-3599	Mrs. Grace S	S. Redding, 4	500 Grovel	and Avenu
injury or com	aslhenia, elc. Il means aplication which caused ANTECEDENT CAUSES	deoth.)	DUE TO, OR AS	-14	V		
DISEASES COMISE IN INC.  DISEASES COMISE IN INC.  DISEASES COMISE IN INC.  DISEASE COMISE CO	ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) G CONDITION last.  Il ICANT CONDITIONS COINT NOT RELATED TO IN PAR	any, giving stating the NTRIBUTING HE TERMINAL I 1 (A).	(B)	A CONSEQUENCE OF:			
DISEASES Conse to the UNDERLYING  OTHER SIGNIF TO THE DEAT DISEASE OR CO	ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION last.  ICANT CONDITIONS COINTIONS COINTION CONDITION GIVEN IN PAR OPERATION 198, CON WAS PERF	any, giving slaling the NTRIBUTING HE TERMINAL I 1 (A).	(B)	1944	No) 20% IF YES, WERE IN CERTIFYING CA	FINDINGS CONSI	DERED
DISEASES CONSE IN THE PROPERTY OF THE DEAT IN DISEASE OR CO. 1994. DATE OF THE PROPERTY OF THE	ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION last.  I CANT CONDITIONS COINT NOT RELATED TO TO THE CONDITION GIVEN IN PAR OPERATION 198, CON	any, giving slaling the NTRIBUTING HE TERMINAL I I (A). DITION FOR WEORMED	(B)	A CONSEQUENCE OF:		FINDINGS CONSI AUSES OF DEATH? ore City, give exect i	
DISEASES CONTRIBUTED TO THE DEATE OF CONTRIBUTED TO THE OF CONTRIBUTED TO THE DEATE OF	ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) OF CONDITION last.  ILLIANT CONDITIONS COINTENANT CONDITIONS COINTENANT CONDITION PAR OPERATION IN THE PAR OPERATION IN PAR	any, giving slating the NTRIBUTING HE TERMINAL I I (A). DITION FOR WEORMED	(B)	20A. AUTOPSY? (Yes or lor obout 21C. WHERE DID ice bidg., INJURY OCCUR?	(li in Boltimo		
DISEASES CONSE IN THE PROPERTY OF THE PARTY	ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION lost.  II CANT CONDITIONS COLOR TO THE BUT NOT RELATED TO TO THE CONDITION GIVEN IN PAR OPERATION 198. CON WAS PERFORM TWAS UNDERLYING THE CAUSE OF medical examiner)	any, giving slating the NTRIBUTING HE TERMINAL I 1 (A). DITION FOR WE FORMED  (Hour) 21E, Whill World	(B)	20A. AUTOPSY? (Yes or loce bidg., INJURY OCCUR?	(II In Boltima		
DISEASES COMES IN THE PROPERTY OF INJURY (APPROX.)	ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION last.  ILLIANT CONDITIONS COLON CONDITIONS COLON CONDITIONS COLON CONDITION COLON CONDITION COLON CONDITION COLON CONDITION COLON CONDITION COLON	any, giving slating the NTRIBUTING HE TERMINAL I I (A). DITION FOR WEORMED  (Hour) 21 E, Whit World	(B)	20A. AUTOPSY? (Yes or lor obout 21C. WHERE DID ice bidg., INJURY OCCUR?	(II In Boltimo	ore City, give exect i	ocotion)
DISEASES COMISE IN INCOME.  DISEASES COMISE IN INCOME.  OTHER SIGNIFT TO THE DEATT DISEASE OR CO.  19A-DATE OF CONTRIBUTE OF INJURY (APPROX.)  22. 1 certify that (I) (we)	ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION last.  ICANT CONDITIONS COLOR OF CONDITIONS COLOR OF CONDITIONS COLOR OF CONDITION GIVEN IN PARCOPERATION 198. CONDITION GIVEN IN PARCOPERATION (A) CAUSE OF MEDICAL CAUSE	any, giving slaling the NTRIBUTING HE TERMINAL I I (A). DITION FOR WORMED  (Hour) 21E, Whith World World Allve an	(B) DUE TO, OR AS  (C) VHICH OPERATION  PLACE OF INJURY (e.g., in e., form, foctory, street, off injury occurred to the extension of the exten	20A. AUTOPSY? (Yes or lor obout 21C. WHERE DID ice bidg., INJURY OCCUR?	(II In Boltimo	ore City, give exect i	ocotion)
DISEASES COMISE IN INCOME.  DISEASES COMISE IN INCOME.  OTHER SIGNIFT TO THE DEATT DISEASE OR CO.  19A-DATE OF CONTRIBUTE OF INJURY (APPROX.)  22. 1 certify that (I) (we)	ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION last.  ILLIANT CONDITIONS COINT NOT RELATED TO THE CONDITION GIVEN IN PAR OPERATION NAS PERFORMED CAUSE OF medical examines)  (Month) (Doy) (Year)  that (I) (this hospital last saw the decease if from the causes state.	any, giving slaling the NTRIBUTING HE TERMINAL I I (A). DITION FOR WORMED  (Hour) 21E, Whith World World Allve an	(B) DUE TO, OR AS  (C) VHICH OPERATION  PLACE OF INJURY (e.g., in e., form, foctory, street, off injury occurred to the extension of the exten	20A. AUTOPSY? (Yes or lor obout 21C. WHERE DID ice bidg., INJURY OCCUR?	(II In Boltimo	ore City, give exect i	19 TO
DISEASES CONSE IN THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH (nofily) DEATH (nofily) DEATH (nofily) THE DEAT	ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION last.  ILLIANT CONDITIONS COINT ON THE CONDITIONS COINT ON THE CONDITION GIVEN IN PAR OPERATION 19 PR CON WAS PERFORM CAUSE OF medical examines)  (Month) (Doy) (Year)  that (1) (this hospital last saw the decease of fram the causes state RE	any, giving slaling the NTRIBUTING HE TERMINAL I I (A). DITION FOR WORMED  (Hour) 21E, Whith World World Allve an	(B) DUE TO, OR AS  (C) VHICH OPERATION  PLACE OF INJURY (e.g., in e., form, foctory, street, off the control of	20A. AUTOPSY? (Yes or lor obout 21C. WHERE DID ice bidg., INJURY OCCUR?  21F. HOW DID IN	(ii in Boltimo	ay	19 TO
DISEASES CONSE IN THE DEATH OF TO THE DEATH DISEASE OR CONTRIBUTED TO THE DEATH (nofily) DEATH (nofily) That (I) (we) and haur and 23A. SIGNATU	ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION (A) CONDIT	any, giving slaling the NTRIBUTING HE TERMINAL I I (A). DITION FOR WORMED  (Hour) 21E, Whith World World Allve an	(B)	20A. AUTOPSY? (Yes or lor obout 21C. WHERE DID ince bidg., INJURY OCCUR?  21F. HOW DID IN 21F. How pipe and ew the bady after death	(II In Boltimo	ay	19 TO
DISEASES CONSE IN THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH OF THE DEATH (nofily) DEATH (nofily) DEATH (nofily) THE DEAT	ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION lost.  ILLIANT CONDITIONS COLOR BUT NOT RELATED TO TO NONDITION GIVEN IN PAR OPERATION 19B. CON WAS PERFORMED (Month) (Doy) (Year)  That (I) (this hospital last saw the decease if from the causes state RE	any, giving slating the NTRIBUTING HE TERMINAL I I (A). DITION FOR WORMED    218, hometc.)  (Hour) 21E, Whith World allve an and abave.	(B) DUE TO, OR AS  (C) VHICH OPERATION  PLACE OF INJURY (e.g., in e., form, foctory, street, off injury occurred at Work in decease from the d	20A. AUTOPSY? (Yes or lor obout 21C. WHERE DID ice bidg., INJURY OCCUR?  21F. HOW DID IN ew the bady after death adding Med. Director	(ii in Boltimo	ore City, give exect in a second seco	19 70 Irred an the date
DISEASES COMES IN THE PROPERTY OF INJURY (APPROX.)  23 C. PHYSICIA NAME (T)	ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION (A) CONDITION (A) CONDITION (A) CONDITION (A) CONDITION GIVEN IN PAROPERATION (A) CONDITION (B) CONDITION (CAUSE OF Medical examines)  (Month) (Doy) (Year)  that (I) (this hospital last saw the decease if from the causes state (B) CONDITION (CAUSE OF MEDICAL CONDITION (CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE (CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE OF MEDICAL CAUSE (CAUSE OF MEDICAL CAUSE OF MEDICAL CAUS	any, giving slating the NTRIBUTING HE TERMINAL I 1 (A). DITION FOR WORKED  218, hometc.)  (Hour) 21E, Whill World all ve an	(B)	20A. AUTOPSY? (Yes or or obout 21C, WHERE DID ice bidg., INJURY OCCUR?  21F. HOW DID IN 19 20 and ew the bady after death or obout 21C, WHERE DID indice bidg., INJURY OCCUR?	(ii in Boltimo	Infan death accu	19 70 rred on the date 7/
DISEASES COMES IN THE PROPERTY OF THE DEATH (No fily that (I) (we) and haur and 23A. SIGNATU 23C. PHYSICIA NAME (I) A. BURIAL CREF REMOVAL (S.	ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION (A) CONDITION (A) CONDITION (A) CONDITION (A) CONDITION (A) CONDITION (B) CONDITION (C) CONDITION (C) CONDITION (C) CONDITION (C) CONDITION (C) CONDITION (C) (C) CONDITION (C) C) CONDITION (C) CONDITION (C) C) CONDITION (C) CONDITION (C) C) C	deoth.)  any, giving slating the Stating t	(B) DUE TO, OR AS  (C) VHICH OPERATION  PLACE OF INJURY (e.g., in e., form, foctory, street, off injury occurred at Work in decease from the d	20A. AUTOPSY? (Yes or or obout 21C, WHERE DID ice bidg., INJURY OCCUR?  21F. HOW DID IN 19 20 and ew the bady after death or obout 21C, WHERE DID indice bidg., INJURY OCCUR?	(ii in Boltimo	ore City, give exect in a second seco	19 70 rred on the date 7/
DISEASES CONSE IN THE PREMOVAL IS BUT 1 & 1	ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION (A) CONDITION (A) CONDITION (A) CONDITION (A) CONDITION (A) CONDITION (B) CONDITION (C) C) CONDITION (C) CONDITION (C) C) CONDITION (C) CONDITION (C) C) C	deoth.)  any, giving slating the Siding the NTRIBUTING HE TERMINAL I I I (A).  DITION FOR WOORMED  (Hour) 21E, White World Wor	(B)	20A. AUTOPSY? (Yes of lot of bldg., INJURY OCCUR?  21F. HOW DID IN  21F. HOW DID IN  21F. How death  21F. How DID IN  22F. How DID IN  24D.	(ii in Boltimo	238 DATE SIGNI	19 70  19 orred on the date 7 /



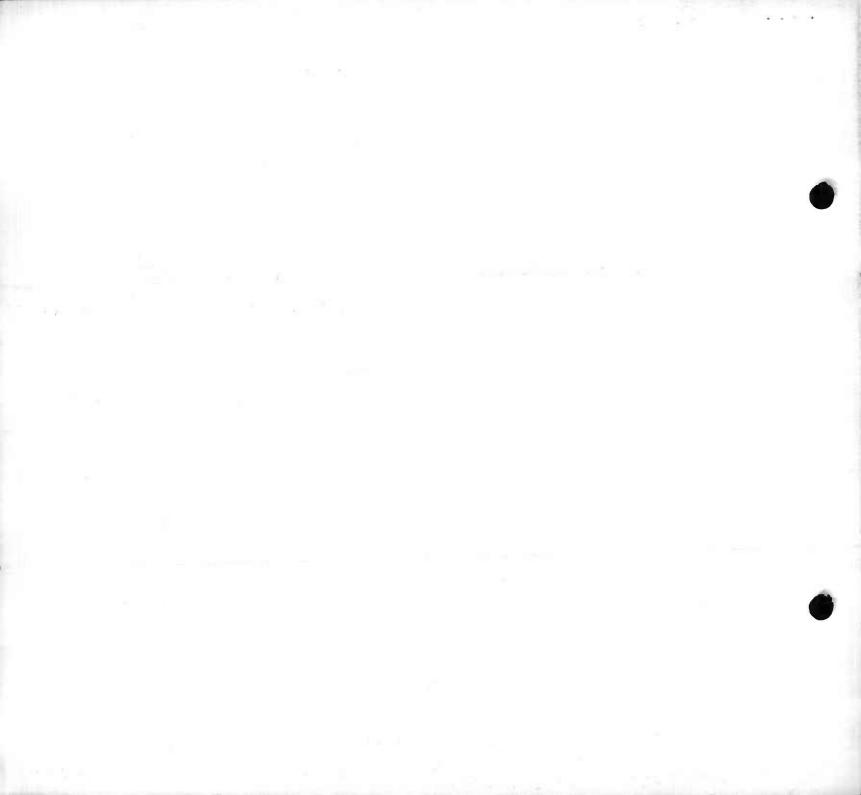


IMPORTANT

FUNERAL DIRECTOR:



BIKIH NO.	-00	TE OF DEATH	REG. NO	71 0689
1. NAME OF DECEASED (Type or Print)  SCAR BORO	UGH , JAM	ESR. Sr. 2. DATE AN	D HOUR OF DEATH	1 1 1125 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (When	e deceosed lived. If ins	stitution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	M)	Bellina	26-31
INSTITUTION		C. CITY OR TOWN	D. INSII	DE CITY LIMITS?
MD. GEN. H	tOSP, TAL	E. STREET AND NUMBER	me	YES NO
48		4204	Belman	Ave. # 06.
Mah while. WIDOW		1/23 1/909	7. AGE (in years ast birthday)	If Under 1 %. If Under 24 Hrs. Months Days Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)			gn Country)	12. CITIZEN OF WHAT COUNTRY
71001000	c of Tel Co	Harford (	0.	u.s.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
J. Oscar Scarboro		Emile	y B. Robinso	n
5. Was Deceased Ever in U. S. Anned Farces? Yes, na or unknown) (If yes, give war ar dates af servic	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No		Eugenia E. Scar	rborough - 4	204 Belmar Ave.
18. 4/0.9	CAUSE OF DEAT		. 0	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			0 61 1	
(This does not mean the mode of dving,	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	ulm Fibril	com 2) hich.
heart failure, asthenia, etc. It means the disectiniury or complication which caused death.)	ise,	A CONSEQUENCE OF;		1
ANTECEDENT CAUSES	My	rendice Inda	iha-	Mo
DISEASES OR CONDITIONS, Il any, giv	ing DUE TO, OR AS	a CONSEQUENCE OF:		
rise to the above cause (A) slating UNDERLYING CONDITION last.	the			
	(C)		***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	IG			
TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).			***************************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19R. CONDITION FOWAS PERFORMED  21A. ACCIDENT WAS UNDERLYING TO	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IP YES, WERE FI	INDINGS CONSIDERED
OR CONTUBUTING CAUSE OF DEATH (notify medical examines)	21B. PLACE OF INJURY leage, la home, farm, factory, street, of otc.)	n at about 21 C. WHERE DID fice bidg., INJURY OCCUR?	(II In Baltimare	City, give exact location)
OF IN LIEY	21E INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
(APPROX.)	While At Wark  Not While  Not While  At Wark			
22. I certify that (1) (this hospital) attende	d the deceased from	12 (16/7)	9 to /	//8/ 10 7/
that (1) (we) last saw the deceased alive o	1 /		t In (my) (our) goin	tan death accurred an the date
and haur and from the causes stated above	1 1			
23A. SIGNATURE				23 B. DATE SIGNED
M. S. Al-Ibrah	Mil Bank	nding Med.	Shaff Dhys.	1-18-19-
PAGE (Type) M. S. AL-II	3RAHIM	23D. ADDRESS	1	pital.
24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY of CRE	MATORY 24D. LO	CATION (City	, tawn, ar county) (State)
Burial 1-22-71	Parkwood (eme	tery	Baltimore.	Maruland
25A. DATE REC'D BY HEALTH DEPT. C. SEE MAN	GEGISTRAR ()	25C, FUNERAL DIRECTOR	n Inc AllE	MAryland ADDRESS Belair Rd21206
VS 150-REV. 1/1/68		Jan. G. Occas	DE THE-OTIS	Demot Na21200



1 1 1000			BALTIMORE CITY	HEALTH DEPARTMENT		MA OODO
K-50	0 71	0690	CERTIFICA	TE OF DEATH	REG. NO	71 0690
IRTH NO.	S A A A A A			In DAYE AND	HOUR OF BEATH	
NAME OF DEC	EASED	1		2. DATE AND	HOUR OF DEATH	4.30
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	annie.	K	ann	1	22/7/	Fan
PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Where B. COUNTY		stitution: residence before odmission)
ULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUT	TON, GIVE STREET	ma		27-19
NOITUTITZ	ADDRESS OR LOOK	6	0	C. CITY OR TOWN	D. INSI	DE CITY LIMITS?
11	e inthe Pr	neo -1.	salve,	Balla		YES NO .
Mous	em			E. STREET AND NUMBER		`
SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In years	If Under 1 Yr If Under 24 Hrs
13	W	WIDOWED	DIVORCED		bigthdoy)	Months Doys Hours Min.
A HEHAL OCC	UPATION (Give kind of work	9		11. BIRTHPLACE (State or foreign	COUNTY)	12. CITIZEN OF WHAT COUNTRY
	working life, even if retired)	IUB. KIND OF	OSINESS OK INDOSIKI	TI. BIKTHTEACE (Stole of Toleign	Cooming	
				Woskington	J. U.	450
3. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAME		
	-			Lend		
. Wos Deceased	Ever in U. S. Armed Ford	ces?	6. SOCIAL	17. INFORMANT	-	ADDRESS
es, no oi unknown	(If yes, give wor or dote:	s of service)	SECURITY NO.	9 . 11	2 - 7	
NO.				Louis Kann	38031	Manhattan (h)
18. 44 Z	6.4		CAUSE OF DEAT	H		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEA	SE OR CONDITION DIR	ECTLY		<b>-</b>		CONTENT ONSE, AND BEAT
	LEADING TO DEATH		WALLED LATE CAL	PARUN	nonin	1 week
(This does i	not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:		
	oslhenio, elc. Il meons		50210, 0476			
injuly of con	nplication which coused	deoth.)		C. V	A	2 60 64 60
	ANTECEDENT CAUSES		(n)	C - V	, , , .	
DISEASES (	OR CONDITIONS, if	onv. giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	e obove couse (A)		9	exal artelisi	Mercain	1574013
	G CONDITION lost.		(c)			
	11					
OTHER SIGNIE	FICANT CONDITIONS COL	NTRIBUTING				
TO THE DEAT	TH BUT NOT RELATED TO TH	HE TERMINAL				
	ONDITION GIVEN IN PAR	T 1 (A).	HICH OPERATION	20 A. AUTOPSY? (Yes or No)	208 IF YES WERE	EINDINGS CONSIDERED
19A. DATE OF	F OPERATION 198. CON		HICH OPERATION	AUTOPSTITIES OF NO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
D 21 A. ACCIDE	NT WAS UNDERLYING	] 21 B. P	LACE OF INJURY (e.g., i	n or obout 21C. WHERE DID	(If in Boltimor	e City, give exoct location)
OR CONTRIBI	UTING CAUSE OF	home,	form, factory, street, o	ffice bldg., INJURY OCCUR?	(ii iii bollimor	Sailt Alice ever (acountil)
21D. TIME			NJURY OCCURRED	21 F. HOW DID INJUI	V OCCUP?	
OF IN HIDY	(Month) (Day) (Year)				C OCCUR:	
(APPROX.)		While				
					141	1/12-
	that (1) (this hospital	) ottended the	deceosed from	19	46 to	1/22 197/
22. I certify		d alive on	1/42	19_7/ond that	in (my) (our) opi	nion deoth occurred on the do
	lost sow the decease	G 01114 011				
that (I) (we)			(Wa) (4:4) (4:4)	المحال حمائه بالرما مناه بيرماء		
that (I) (we)	d from the couses stat		(We) (did) (did not)	view the body ofter deoth.		DAR DATE SIGNED
that (I) (we)	d from the couses stat					23B. DATE SIGNED
that (I) (we)	d from the couses stat		Ath		raff D	23B. DATE SIGNED
ond hour on	d from the couses stot		n DEGREE Phy	ending Med. S. Director Pl	raff pys.	
that (I) (we)	d from the couses stotuRE		n DEGREE Phy	ending Med. S. Director Pl		1/22/71
that (I) (we) and hour on 23A. SIGNATU	d from the couses stotuRE	red obove. (1)	DEGREE Phy DEGREE	ending Med. S. Director Pl	RTHERN	1/22/71
that (I) (we) and hour on 23A. SIGNATU 23C. PHYSICIA NAME (I)	d from the couses stote  Land ANS Type I S 2  MATION,  248, DATE,	red obove. (1)	nd DEGREE Phy	ending Med. S. Director Pl	RTHERN	1/22/71
that (I) (we) and hour on 23A. SIGNATU 23C. PHYSICIA NAME (1	d from the couses stote  Land ANS Type I S 2  MATION,  248, DATE,	red obove. (1)	DEGREE Phy DEGREE	ending Med. S. Director Pl	RTHERN	1/22/71 Parkway
thot (I) (we) ond hour on 23A. SIGNATU 23C. PHYSICIA NAME (I) 4A. BURIAL CRE REMOVAL (	d from the couses stoture  ANS Type) T S Z  MATION, 248. DATE Specify)	red obove. (I)  // // // // // // // // // // // // //	DEGREE Phy  DEGREE  DEGREE  ME OF CEMETERY OF CR  Balto H	ending Med.  Director Signature   RTHERN	1/22/71 Parkway  ty, town, or county)  (State)	
thot (I) (we) ond hour on 23A. SIGNATU 23C. PHYSICIA NAME (I) 4A. BURIAL CRE REMOVAL (	d from the couses stote  Land ANS Type I S 2  MATION,  248, DATE,	red obove. (I)  // // // // // // // // // // // // //	DEGREE Phy DEGREE	ending Med. S. Director Pl	RTHERM EATION (CI	Park way  ty, town, or county) (State)
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thot (I) (we) ond hour on 23A. SIGNATU 23C. PHYSICIA NAME (I) 4A. BURIAL CRE REMOVAL (	d from the couses stot  URE  ANS Type) I S 2  EMATION, 248. DATE Specify)  BY HEALTH EPT	red obove. (I)  // // // // // // // // // // // // //	DEGREE Phy  DEGREE  DEGREE  ME OF CEMETERY OF CR  Balto H	ending Med.  Director Signature   RTHERM EATION (CI	Park way  ty, town, or county)  ADDRESS.	

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	RTH NO.					ATE OF DEATH			
	pe or Printl	reer		Edit	h Hodith A	2. DATE	AND HOUR OF DEAT	TH 1/21/71	2:40 A
3.	PLACE IN BALT	MORE MAR	YLAND, W	HERE PRONC	DUNCED DEAD	4, USUAL RESIDENCE TO	Vhere deceased lived, 11	I institution; residen	ce before odmiss
FU	LL NAME OF	(IF NOT	IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	Maryland	Baltin	more _	5. 2-01
IN:	OSPITAL OR STITUTION				21212	C. CITY OR TOWN	D. 11	NSIDE CITY LIMITS	?
	House In	The Pin	0	(	Belvedere Ave	21002101014240001		YES 🗌	NO 🔀
_	touse	Inth	elin	-3	AUR!	9004 Wilbur			
5. S	FF		e W	WIDOWED		8. DATE 95 NISTH 5-3-1904	9. AGE (In years last birthday)	Il Under 1 Ye Manths Doys	Hours Mi
done	LUSUAL OCCU	PATION (Give	kind ol work	10B KIND O	F BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or	loreign country)		OF WHAT COUN
	School T	Contract of the		Nur	sery School	Maryland		U. S	. A.
13.	FATHER'S NAM					14. MOTHER'S MAIDEN	AME		
		Patric	k Henr	y Havi	land		Mary -	Creagh	an
15. \ (Yes	Was Deceased s, no of unknown)	iver in U. S. If yes, give t	Armed Ford war at date:	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	Rau	adalls town	RESS
	No				216-20-1394	Arthur A. G	reenwalt,900	04 Wilbur	Avenue
	1B. / Con 5	1/1			CAUSE OF DEAT	TH			ROXIMATE INTERV
	injury or comp	lication which	CAUSES					/	
	injury or comp	lication which NTECEDENT CONDITION above ca	ch coused CAUSES ONS, if couse (A)	death.) any, giving	(B) DUE TO, OR AS	S A CONSEQUENCE OF:			
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CAL CERTIFICATI	DISEASES OF ISEASES OF ISEASE  OF ISEAS	CONDITION  ANTECEDENT  CONDITION  CONDITION  ANT CONDITION  BUT NOT REL  NOTION  WAS UNDER  ING TICAUS	CAUSES ONS, if couse (A) I last, IIONS CON ATED TO THE IN PART WAS PERF	death.)  any, giving stating the stating the stating the stating the stating that it is a stating to the stating that it is a stating that	(B) DUE TO, OR A:  (C)	S A CONSEQUENCE OF:	ilf to Boitim	RE FINDINGS CON CAUSES OF DEATH	
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MEDICAL CERTIFICATI	DISEASES OF SIGNIFIC TO THE SIGNIFIC TO THE DEATH DISEASE OF CO 19A-DATE OF CONTRIBUT DEATH (notify r 21D-TIME OF INJURY (APPROX.)	CONDITION   CAUSES ONS, if couse (A) lost.  TIONS CON. ATED TO THE N IN PARTI 119R. CONIWAS PERFORM ERLYING SEOF	ony, giving stating the Statin	(C)	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID liftice bidg., INJURY OCCUR!	(If to Boltin		t locotion)	
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MEDICAL CERTIFICATION	DISEASES OF UNDERLYING  OTHER SIGNIFIC TO THE DEATH DEATH (natify r Laprox)  210. TIME 120. TIME (APPROX.)  220.   certify the control of the	CONDITION  CONDITION  CONDITION  ANT CONDITION  ANT CONDITION  ANT CONDITION  ANT CONDITION  CAN UNDERSTORM  WAS UNDERSTORM  Manth) (Day  at (1) (this  ost saw the	CAUSES ONS, if couse (A) I last.  IONS CON. ATED TO THE EN IN PART 198. CONT WAS PERF ERLYING SE OF ined  haspital) deceased	NTRIBUTING IETERMINAL 1 1 (A). DITION FOR ORMED  (Haun) 218 WW. Authorities and alive on a	(B) DUE TO, OR AS  (C) WHICH OPERATION  B. PLACE OF INJURY (e.g., ne, farm, factory, street, or	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID liftice bidg., INJURY OCCUR!	NJURY OCCUR?	Jan 2 (	19 7
MEDICAL CERTIFICATION	DISEASES OF UNDERLYING  OTHER SIGNIFIC TO THE DEATH DEATH (natify r Laprox)  210. TIME 120. TIME (APPROX.)  220.   certify the control of the	CONDITION   CAUSES ONS, if couse (A) I last.  IONS CON. ATED TO THE EN IN PART 198. CONT WAS PERF ERLYING SE OF ined  haspital) deceased	NTRIBUTING IETERMINAL 1 1 (A). DITION FOR ORMED  (Haun) 218 WW. Authorities and alive on a	(B) DUE TO, OR AS  (C) WHICH OPERATION  B. PLACE OF INJURY (e.g., nee, farm, factory, sheet, or find the factory of the deceased from the	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID liftice bidg., INJURY OCCUR?  21F. HOW DID I	NJURY OCCUR?	Jan 2 (	19 7	
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MEDICAL CERTIFICATI	DISEASES OF rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUT DEATH (notify r 21D. TIME OF INJURY (APPROX.)  220. I certify the contribution of 23A. SIGNATURE 23C. PHYSICIAN NAME (Type 12 The contribution of 23C. PHYSICIAN NAME (Type 23C. PHYSICIAN PHY	CONDITION   CAUSES ONS, if couse (A) I last, IIONS CONATED TO THE NIN PART IN PART WAS PERF ined  haspital) deceased uses stote	ony, giving stating the NIRIBUTING IE TERMINAL 11 (A). DOTTON FOR ORMED 21E WW. W.	(B) DUE TO, OR AS  (C)  WHICH OPERATION  B. PLACE OF INJURY (e.g., ne, form, foctory, street, or the foctory)  E. INJURY OCCURRED hille At   At Work  The deceosed from   2  I) (We) (did) (did nat) of the deceosed from   2  I) ((a)   DEGREE   Ph)	20A. AUTOPSY? (Yes or in or obout 21C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID I 19 7 ond wiew the body ofter death of the body of the of	NJURY OCCUR?  19 ta that In (my) (our) o	plnian death oc	19 7	
MEDICAL CERTIFICATI	DISEASES OF rise to the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUT DEATH (natify r 21D. TIME OF INJURY (APPROX.)  22. I certify the thought of the contribution of the contri	CONDITION   CAUSES ONS, if couse (A) I last.  IONS CON. ATED TO THE IN IN PARTITIONS CONING TO THE IN IN PARTITIONS CONING TO THE IN IN PARTITION (Year)  haspital) deceased uses stote  DATE	ATTENDED TO A STATE OF THE TERMINAL IT (A). DOTTON FOR ORMED 21E WILLIAM W.	(B) DUE TO, OR AS  (C)  WHICH OPERATION  B. PLACE OF INJURY (e.g., ne, farm, factory, street, or	20A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID in the body ofter death of the body offer death of the body of the bod	njury occur?  19 7 ta_ that in (my) (our) o h. Shoff Phys	ppinian death occurrence of the control of the cont	197 curred on the	
MEDICAL CERTIFICATI	DISEASES OF ISSE IN THE SIGNIFIC TO THE DEATH DISEASE OR CO 19A-DATE OF CONTRIBUT DEATH (notify r 21D. TIME OF INJURY (APPROX.)  22.   Certify the (1) (we) 1 and hour and 23A. SIGNATUR 23C. PHYSICIAN NAME (Typ.	CONDITION   CAUSES ONS, if couse (A) I lost.  CONS CONATED TO THE N IN PARTI ITYPE CONING C	Anny, giving stating the stati	(B) DUE TO, OR AS  (C)  WHICH OPERATION  B. PLACE OF INJURY (e.g., ne, form, foctory, street, or the foctory)  E. INJURY OCCURRED hille At   At Work  The deceosed from   2  I) (We) (did) (did nat) of the deceosed from   2  I) ((a)   DEGREE   Ph)	20A. AUTOPSY? (Yes or in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?  21F. HOW DID in the body ofter death of the body offer death of the body of the bod	that In (my) (our) oh.  Stoff Phys.  LOCATION (ikesville, ikesville, ikesvill	ppinian death occurrence of the control of the cont	19 7 curred on the	



7 222	BALTIMORE CITY	HEALTH DEPARTMENT		71 0000
BIRTH NO. 71 06	93 CERTIFICA	TE OF DEATH	REG. NO	TT 0892
1. NAME OF DECEASED (Type or Print) MELVIN IN.	GAST	2. DATE AND	HOUR OF DEATH	) 115178 1
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	DNOUNCED DEAD		deceosed lived, if ins	titution: rosidence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	ISTITUTION, GIVE STREET	C, CITY OR TOWN	D. INSID	25-34 E CITY LIMITS?
SOUTH BALTO. GEN.	HOSP.	E. STREET AND NUMBER		YES NO NO
43		3903 5th	st.	
WIDON		13 MAY 08 105	62	If Under 1 Yr. tf Under 24 Hrs. Manihs Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if refired)				12. CITIZEN OF WHAT COUNTRY
ESTIMATOR SH	IP BUILDING	MARYLAN	D	USA
WALTER GAS		LENA S	+IND+	
15. Was Deceased Ever In U. S. Armod Forces? (Yes, na or unknown) (If yes, give war or dates of servi	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT 140SPITAL (	CHART	ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		CARDIAL 11	VFARCTIO	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  MINUTES
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	ase,	A CONSEQUENCE OF:	***************************************	***************************************
ANTECEDENT CAUSES	BARTER	210SCLEROSIS	5	YEARS
DISEASES OR CONDITIONS, if ony, ginse to the above cause (A) stoling UNDERLYING CONDITION last.		A CONSEQUENCE OF:		333333333333333333333333333333333333333
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERMIN DISEASE OR CONDITION GIVEN IN PART 1 (A).  199. DATE OF OPERATION 198. CONDITION F WAS PERFORMED  214. ACCIDENT WAS UNDERLYING!	NG DIAT	BETES ME	CLITUS	YEARS
19A DATE OF OPERATION 19B CONDITION F	OR WHICH OPERATION	20A- AUTOPSY? (Yes or No)	OB. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B. PLACE OF INJURY (e.g., in home, form, factory, street, of otc.)	n or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimare	City, give exact lacation)
21D. TIME (Month) (Day) (Year) (Houd) OF INJURY (APPROX.)	While At Not While Work At Work		OCCUR	
22. I certify that (I) (this hospital) attended		17.	7/_1027	2 JAN 1971
that (I) (we) last saw the deceased alive		· · · · · · · · · · · · · · · · · · ·	in (my) (our) apini	on death occurred on the date
ond hour and fram the causes stated abav	e. (I) (We) (did) (did nat) v	iew the bady ofter death.		DAYS CICALED
Gary a. Belaga	M.D. DEGREE Phys	nding Med. Sto	# P	22 JAN 1971
GARV A. BELAG		300 / S. HA	NOVER	St.
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	C. NAME OF CEMETERY OF CRE	MATORY 24D. LOC	ATION (City,	, tawn, or county) (Statet
Burial 1/25/71 (25% BATE REC'D BY HEALTH DEPT. 258, NA	edar Hill Cemete		more Md.	ADDRESS
1AN 25 1071 Pole & La	aska, 00	25c. FUNERAL DIRECTOR	L Home Bala	to. Md. 21225



25Å, DATE REC'D BY HEALTH DEPT.

VS 151-REV. 1/1/68

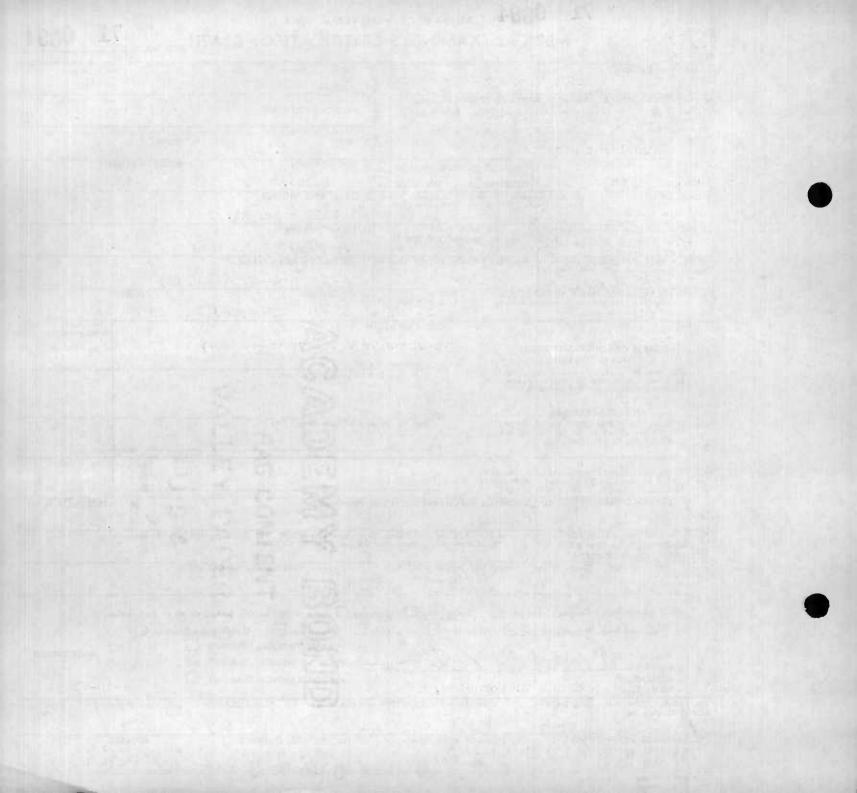
258. NAME OF REGISTRAR

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO I. NAME OF DECEASED 2. DATE Known Yeor Hour (Type or Print) REGINAL RAILY OF Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Hour Dov Year PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) 20 1971 12:15 HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Provident Hospital Md. 6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS? male negro WIDOWED DIVORCED YES X NO L 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER lost birthdoy) Months, Doys, Hours, Min. 2319 Eutaw R1. 11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAMI done during most of working life, even If retired) TRUCK DRIVER 17. SOCIAL (Yes, no or unknown) (if yes, give wor or dotes of service) SECURITY NO. 219-30-1509 19. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Hypertensive cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout) 22C. WHERE DID (II in Boltimore City, give exect location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy)
OF INJURY (Year) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE (APPROX.) WORK 23. I certify that I held on Inquiry Inspection X Autopsy \_\_\_ and that an this basis, death in my opinion resulted from: Natural causes X Accident \_\_ Suicide \_ Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. EXAMINER'S ASSOCIATE MEDICAL EXAMINER NAME (Type) Ronald N. Kornblum, M.D. 1 - 20 - 7124A. BURIAL CREMATION. 24C. NAME of CEMETERY or CREMATORY 24B. DATE 24D, LOCATION (City, town, or county) (Stote) REMOYAL (Specify)

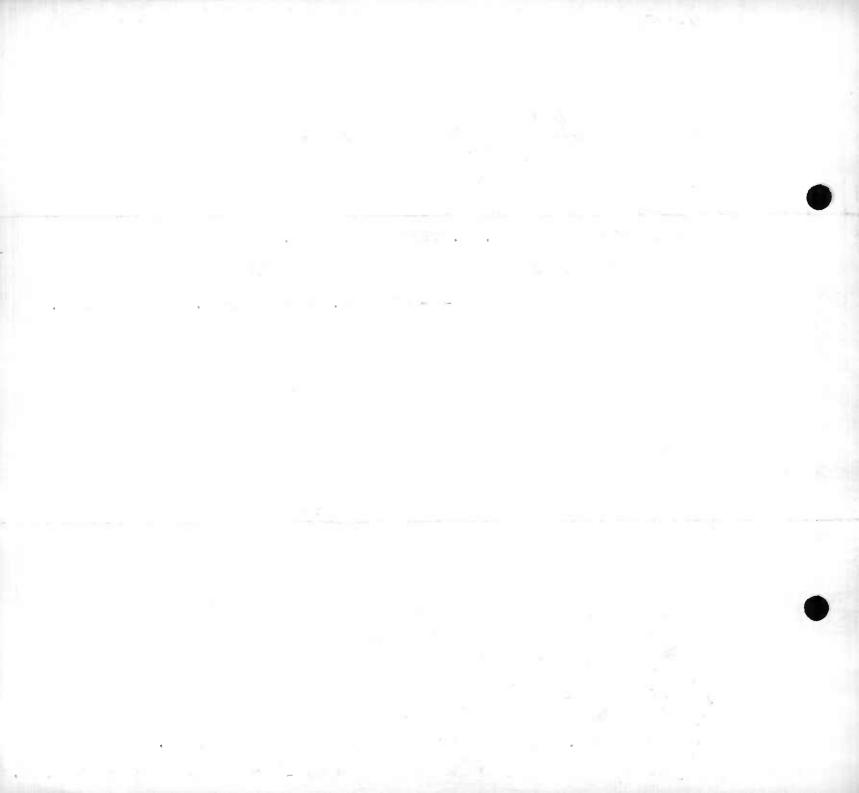
25C. FUNERAL DIRECTOR

TERUNO

ADDRESS



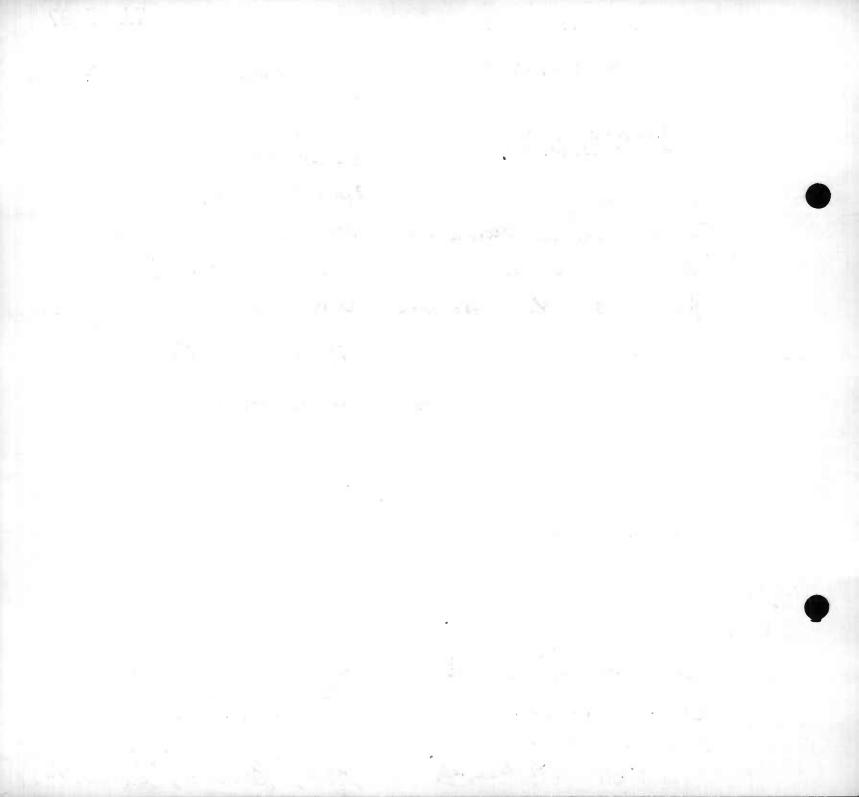
SATISTIC SHADOW



DIRECTOR:

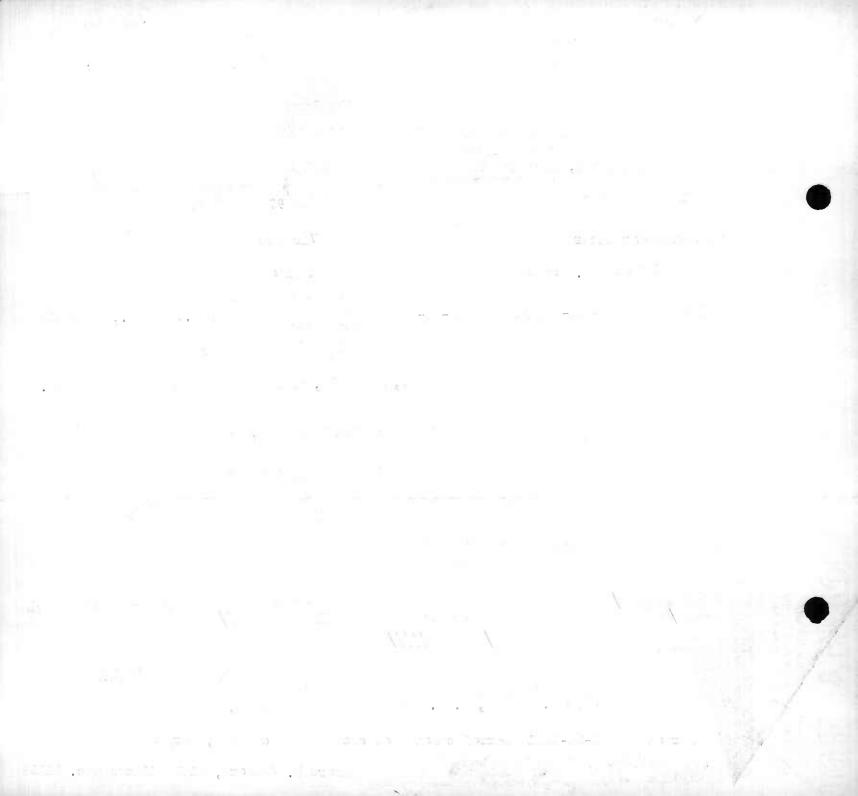
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	BALTIMORE CITY	HEALTH DEPARTMENT		71 0699
D-120 71 065		TE OF DEATH	REG. NO	11 0633
I. NAME OF DECEASED	,0	2. DATE AN	ND HOUR OF DEATH	
DAVID OURILL		1/1	7/71	10:30 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. It ins	titution: residence before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	Maryland c. City or town	Belt C	53-00
Veterans Administr	ation Hospital	White Hall	D. INSI	YES NO TO
3900 Loch Raven Bo	levard	E. STREET AND NUMBER		YES NO X
Baltimore, Maryland		Box 246		
5. SEX 6. RACE 7. MARR Male White WIDOV	TALEACK MOKKIED [		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KING		14/16/97	XX 73	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired)			.g.,	
Retired Carpenter		Virginia		USA
Th			WE	
15. Was Deceased Ever in 11. 5 Armed Forces?	1 6. SOCIAL	Lillian 17. INFORMANI		
(Yes, no or unknown! (If yes, give wer or doles of servi	SECURITY NO.	VA Hospital I	Records	ADDRESS
ZES 10/25/18-6/18/19	217-07-8180	3900 Loch Ray		APPROXIMATE TRIBEVAL
DISEASE OR CONDITION DIRECTLY	CAUSE OF DEATH	Peritonitis due	e to	BETWEEN ONSET AND DEATH
LEADING TO DEATH		perforation of unclear	colon, caus	e 7 Days
(This does not mean the made of dying, heart failure, asthenio, etc. It means the disease	A) IMMEDIATE CAUS	CONSEQUENCE OF:		1 Days
injury or complication which caused death.)		ultiple, pulmona	ary bilatera	l 3 Days.
ANTECEDENT CAUSES				
DISEASES OR CONDITIONS, il any, giv	ing DUE TO, OR AS	CONSEQUENCE OF:		
rise to the above couse IA) sloting UNDERLYING CONDITION last.	the Chronic	ulcers massive,	, decubitus	Years
П			1	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G Chronic	brain damage du arterio	Years	
Z IIYAADA IF OF OPERATION IIYA, CONDITION EC		20A. AUTOPSY? (Yes or No.		NDINGS CONSIDERED SES OF DEATH?
WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING		YES	IN CERTIFYING CAU	SES OF DEATH? YES
OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g., in home, form, foctory, street, olfi etc.)	or about 21 C. WHERE DID	(If In Boltimore	City, give exact location)
2	21E INJURY OCCURRED	21F. HOW DID INJU	IIIV OACIIM	
₩ OF INJURY (APPROX)	While At At Work		DRY OCCUR?	
22. I certify that (1) (this hospital) attende		entember 30th 1	9 70 to Jay	112mir 17+h 10 71
that () (we) lost saw the deceased alive a	. January 17th	19 71 and the	at In(ply) (aur) opini	an death accurred on the date
and hour and from the causes stated above	اد لوطرم فرالي (bib) (eW) (ل) .	w the body ofter death.		
23A. SIGNATURE				23R DATE SIGNED
	Attended Phys.	ding Med. Director	Staff Phys XX	1/18/71
23C. PHYSICIAN'S NAME (Type) Donald H. Hook	23		ch Raven Bou	levard
	NAME OF CEMETERY OF CREA			town, or county) (Stote)
	orraine Park Mau		dlawn, Maryl	
SA. DATE REC'D BY HEALTH DEPT.  258, NAM	E OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
JAN 25 1971 (GB. 4 464)	and and	Howard H. Hub	para, 410/ W	ilkens Ave. 21229



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such approved by the chief medical examiner or his assistant if death occurred in This certificate must be

BALTIMORE CITY HEALTH DEPARTMENT  CERTIFICATE OF DEATH  REG. NO.  171 0700 CERTIFICATE OF DEATH  REG. NO.  2010 DEATH  REG. NO.  201
NAME OF DECEASED   Control   Contr
DRAPER   BARRED   B
3. JALE IN BALTIMORE MARTLAND, WHERE PRONOUNCED DEAD   4. JUSTAL RESIDENCE (Where decoded inved. It institution will institution of most and provided and provided inved. It institution and provided and provided inved. It institution and provided and provided inved. It institution are decided and provided in the provided inved. It institution are decided and provided inved. It institution are decided and provided inved. It institution are decided and provided inved. It institution.
S. SEK   S. RACE   7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   S. ACE (In years in the mode of dying e.g., injury or complication which caused death.)    S. WOS Decessed Eve in U. S. Amed Forces? (Yeano gyunknown)   12. GITZEN OF JUNIOR TO
Balk mark   YES   NO
S. SEX   6. RACE   7. MARRIED   NEVER MARRIED   S. DATE OF BIRTH   7. ADE (In years leaf withholey)   Months: Doys   Mours   Minn, without   Months: Doys   Mours   Mours   Months: Doys   Mours   Mours
WIDOWED DIVORCED ST. 11. ACE IN years lest Mithdey! WIDOWED DIVORCED ST. 11. BIRTHFLACE (State or foreign country)  TIOA. USUAL OCCUPATION (Give kind of work   IDE, KIND OF BUSINESS OR INDUSTRY   11. BIRTHFLACE (State or foreign country)  TIOA. USUAL OCCUPATION (Give kind of work   IDE, KIND OF BUSINESS OR INDUSTRY   11. BIRTHFLACE (State or foreign country)  TIOA. USUAL OCCUPATION (Give kind of work   IDE, KIND OF BUSINESS OR INDUSTRY   11. BIRTHFLACE (State or foreign country)  TIOA WORK DATE or Government or G
Id. SUSAL OCCUPATION (Give kind of work) IDR, KIND OF BUSINESS OR INDUSTRY   11, BIRTHPLACE (State or foreign country)   12, CITIZEN OF WHAT COUNTRY?   13, FATHER'S NAME   14, MOTHER'S MAIDEN NAME   14, MOTHER'S MAIDEN NAME   15, Wor Decoased Ever in U. S. Armed Forces? (Texnor gynknown)   17, INFORMANT   17, INFORMANT   18, Wor Decoased Ever in U. S. Armed Forces? (Texnor gynknown)   18,
13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. Wos Deceded Eve in U. S. Armed Forces?  (Yes, no gy unknown) Uf yes, give wer of doles of service)  16. SOCIAL  SECURITY NO.  17. INFORMANT  ADDRESS  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  (A) IMMEDIATE CAUSE  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart foliure, estheric, etc. It means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost.  (C)  OTHER SIGNIFICANI CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION SIVEN IN TART 1 [A).  19. And a correct of the Terminal Disease or Condition of New In Tart 1 [A).  19. And a correct of OPERATION TO SECONDITION FOR WHICH OPERATION  WAS PERFORMED  21. ACCIDENT WAS UNDERLYING  21. ACCIDENT WAS UNDERLYING  21. ACCIDENT WAS UNDERLYING  21. FLACE OF INJURY (e.g., in or obout) 21. C. WHERE DID home, form, fociory, street, office bidge, injury OCCUR?  21. D. TIME (Month) (Doy) (Yeo) (Houd 21E INJURY OCCURED)  21. D. TIME (Month) (Doy) (Yeo) (Houd 21E INJURY OCCURED)  21. D. TIME (Month) (Doy) (Yeo) (Houd 21E INJURY OCCURED)  21. D. TIME (Month) (Doy) (Yeo) (Houd 21E INJURY OCCURED)  21. D. TIME (Month) (Doy) (Yeo) (Houd 21E INJURY OCCURED)  21. D. TIME (Month) (Doy) (Yeo) (Houd 21E INJURY OCCURED)  21. D. TIME (Month) (Doy) (Yeo) (Houd 21E INJURY OCCURED)  21. D. TIME (Month) (Doy) (Yeo) (Houd 21E INJURY OCCURED)  21. D. TIME (Month) (Doy) (Yeo) (Houd 21E INJURY OCCURED)  22. D. TIME (Month) (Doy) (Yeo) (Houd 21E INJURY OCCURED)  23. D. TIME (Month) (Doy) (Yeo) (Houd 21E INJURY OCCURED)  24. D. TIME (Month) (Doy) (Yeo) (Houd 21E INJURY OCCURED)  25. D. TIME (Month) (Doy) (Yeo) (Houd 21E INJURY OCCURED)  26. D. TIME (Month) (Doy) (Yeo) (Houd 21E INJURY OCCURED)  27. D. TIME (Month) (Doy) (Yeo) (Houd 21E INJURY OCCURED)
15, Wos Deceased Fire in U. S. Armed Forces?   16, SOCIAL   17. INFORMANT   ADDRESS   18.   3
15. Was Deceased Ever in U. S. Armed Forces? (Pas,no gyunknown)   16. SOCIAL   17. INFORMANT   ADDRESS
10. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18.   18.   19.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc., it means the disease, injury or camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION IN PART 1 (A).  (A) IMMEDIATE CAUSE Control of the caused death.)  ANTECEDENT CAUSES  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION (EVEN IN PART 1 (A).  (A) IMMEDIATE CAUSE Control of the caused of the cause of the cause of the caused of the cause of the cause of the cause of the caused of the
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injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (C)
injury ar camplication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.  (C)
DISEASES OR CONDITIONS, if any, giving inse to the above cause (A) stating the UNDERLYING CONDITION last.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 200. AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH?  21A. ACCIDENT WAS UNDERLYING AUSE OF DEATH?  OR CONTRIBUTING CAUSE OF DEATH?  21B. PLACE OF INJURY (e.g., In or obout 21 C. WHERE DID home, form, fociory, street, office bidg., INJURY OCCUR?
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OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).  19A-DATE OF OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Houd 21E INJURY OCCURRED)  21D. TIME (Month) (Day) (Year) (Houd 21E INJURY OCCURRED)  21F. HOW DID INJURY OCCUR?
TO THE DEATH BUT NOT RELATED TO THE TERMINAL    19A-DATE OF OPERATION   19R. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes of No.)   20B. IF YES, WERE FINDINGS CONSIDERED   19A-DATE OF OPERATION   19R. CONDITION FOR WHICH OPERATION   20A. AUTOPSY? (Yes of No.)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFYING CAUSES OF DEATH?    21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., In or obout of the control of the contro
TO THE DEATH BUT NOT RELATED TO THE TERMINAL    DISEASE OR CONDITION GIVEN IN PART 1 (A).   1994 DATE OF OPERATION   1996 CONDITION FOR WHICH OPERATION   2004 AUTOPSY? (Yes or No.) 2016, IF YES, WERE FINDINGS CONSIDERED   1996 CONTRIBUTING CAUSES OF DEATH?    2104 DATE OF OPERATION   1996 CONTRIBUTING CAUSES OF DEATH?   1996 CONTRIBUTING CAUSES OF DEATH?   1996 CONTRIBUTING CAUSES OF DEATH?   1996 CONTRIBUTING CAUSE OF DEA
19A-DATE OF OPERATION   19B. CONDITION FOR WHICH OPERATION   20A-AUTOPSY? (Yes or No.)   20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, sheet, office bidg., INJURY OCCUR?  21D.TIME (Month) (Doy) (Yeor) (Houd 21E INJURY OCCURED   21F. HOW DID INJURY OCCUR?
WAS PERFORMED  IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, sheet, office bidg., INJURY OCCUR?  21D.TIME (Month) (Doy) (Year) (Houd 21E INJURY OCCURED)  21D.TIME (Month) (Doy) (Year) (Houd 21E INJURY OCCURED)
D 21D-TIME (Month) (Doy) (Year) (Hour 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
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(APPROX.) While At Work At Work
22. I constitu short (1) (ship harmton) assurable standard at the standard at
that (1) (we) last saw the deceased clive as 19 2/ 19
that (i) (we) last saw the deceased alive an
and haur and fram the causes stated abave. (1) (We) (did) (did not) view the bady after death.
Enducky Nagega
MARIELY NAPIZA 4. Attending   Med.   Staff   1-21-71
23C. PHYSICIAN'S NAME (Type) MPRIELY NPPIZA 23D. ADDRESS Union December of Hospital.
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City. town, or county) (Stote)
18116 - 1 113 71 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - N /
25A, DATE REC'D BY HEALTH DEPT. 268 NAME OF REGISTRAR 25C SUNERAL DIRECTOR
IAN 25 1971 C. Se & E. Se Les Res 1 C   250 FUNERAL DIRECTOR ADDRESS
VS 150-REV. 1/1/68

ВІ	11-42 - 14 0/11	TE OF DEATH REG. NO. 71 0701							
(1	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	2. DATE AND HOUR OF DEATH    4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission)   A. STATE   B. COUNTY							
H	OSPITAL OR ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Mary and Baltimore 9-08 c. CITY ORTOWN Baltimore D. INSIDE CITY LIMITS? YES P NO							
5	fluison Memorial Hospidal	2319 Garrett Ave.							
1	Male Black WIDOWED DIVORCED	8. DATE OF BIRTH  0/-27-21  9. AGE (In years lost birthday) 49  If Under 1 1/2. Il Under 24 Hrs. Months Days Hours Min.							
	LUSUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY be during most of working life, even if retired)  YMM DV: UEV FATHER'S NAME	Vivginia USA							
	Rosert Williams	Hannah Johnson							
	Was Deceosed Ever in U. S. Armed Forces?  s,no or unknown! Ulf yes, give war or dotes of service!  NKAOWA	17. INFORMANT  Bessie Williams  Same							
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A)IMMEDIATE CAUSE								
	(This does not meen the made of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or camplication which caused death.)	a consequence of:  nal nemorehage du to supture of							
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obove couse (Al stoling the UNDERLYING CONDITION last.  (C) (C) (C) (C)	hogeal varices of circhosise took							
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).								
ERTIFIC	194-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
CAL	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or about 21 C. WHERE DID (II in Bollimore City, give exact location)							
W	21D. TIME (Month) (Doy) (Year) (Houd) 21E INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?							
	22. I certify that (1) (this haspital) attended the deceased from	19 71 ta 19 71 ta 19 71 19 71 19 71 and that in(my) (69) apinion death accurred on the date							
	and haur and fram the causes stated above. (1) (1) (did nat) view the bady after death.  23A. SIGNATURE  23B. DAJE SIGNED								
	23G. PHYSICIAN'S NAME (Typel   )- (2)	3D. ADDRESS							
24A	Burial 246. NAME of CEMETERY OF CREATERY Burial 1/23/71 Arbutus Mem. Pa								
25A	Burial 1/23/71 Arbutus Mem. Pa	Baltimore, Maryland  25C. FUNERAL DIRECTOR  Kenneth H. Law 4609 Park Heights Ave.							
-	50-REV. 1/1/68								

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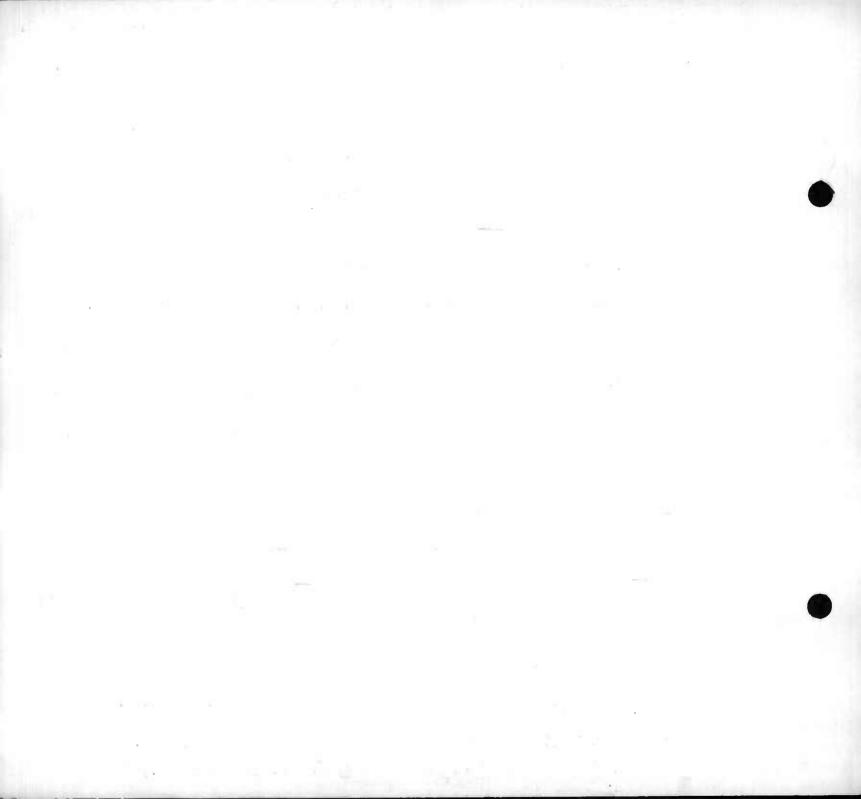
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81	RTH NO.										~	REG. NO.			
	NAME OF DEC	EASED	STEVEN	OUE	EN			2. DATE OF	Known   Estimated	Mon	oth	Doy	Yeor	Hou	ır
4.	PLACE IN BAL	TIMORE, MA				UNCED DEAD		3. DATE	Estimoted L	Mon	*h	Doy	Yeor	Hot	M.
FU	L NAME OF SPITAL INSTITUTION					N, GIVE STREET		PRONOU	NCED DEAD	1		22	1971	6:	:40 a M.
	Sinai Hospital						IIA STATE	SIDENCE (Who	ere decea	sed lived B.	. If institution	n: residence	e before	odmission)	
6.	SEX	7. RACE		8. MARI	RIED	NEVER MARR	IED P	C. CITY OR	IOWN		D	. INSIDE C	ITY LIMITS	?	_
T	nale	negr	ro	WIDOV	-			Ва	lto.				ES 🖾	NO [	7
	orh 12,		10. AGE (in	yeors	lf Und	ler 1 Yr. If Under	24 Hrs.		ND NUMBER				E3 🗀	NOL	
			20				1		8 Dupon	t Ave					
11.	Baltimo					TIZEN OF HAT COUNTRY	?	13. FATHER'S	ard Que	on					
14A				14B. KIND	OF BU	S A USINESS OR IN	DUSTRY	1	0						
don	Studer	vorking life, ev	en Ifrellred)				DOU.K	Chloe		AME					
16.	WAS DECEAS	ED EVER IN	U.S. ARMED	FORCE	52 11	7. SOCIAL		IB. INFORM			-	Α.	DDRESS		
(Ye	No or unknown)	(If yes, give	wor or dotes	of service	)	SECURITY A	289		McDowe	11.	3016			ve.	Abt.#3
	19.	- C7				CAUSE					,010	zapo		APPROXIA	MATE INTERVAL
CERTIFICATION	(This does no heart foilure, Injury or com  AN DISEASES CRISE TO THE UNDERLYIN  OTHER SIGN TO THE DEADISEASE OR	E OR COND LEADING TO Of mean the posterio, etc. plicotion white ABOVE CA AG CONDITIO  FICANT CON THE BUT NOT CONDITION OPERATION  OPERATION	D DEATH mode of dy . It meons the ch coused dec CAUSES ONS, IF ANY USE (A) STAT ION LAST.  II NDITIONS CC GIVEN IN PA	, GIVING THE	ING INAL	(8)	TO, OR /	AS A CONSEQU	UENCE OF:	ddic1	tion	***************************************	21. AUT	OPSY?	(Yes or No)
	21													s	
MEDIC	UNDERLYING UTING CA 22D. TIME ( OF INJURY (APPROX.)	USE OF DEA	TRIB-		) 22E	ACE OF INJURY OCCU	JRRED NOT	while	C. WHERE DID JURY OCCUR? F. HOW DID 1			ity, give exc	oct location	)	
	23.  I certify that I held an Inquiry Inspection Autopsy and that on this basis, death in my opinion resulted fram: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 1-22-71														
RE/	AOVAL (Specif		48. DATE		1	NAME of CEM						(City, town	, or count	y)	(Stote)
_	urial		1/26/			butus M	lem.				imor	e, Ma	rylan	d	
25/	JAN 2		CEBER	25B. N	AMEO	FREGISTRAR	1)		neth H.		, 4		odress ark H	eigl	hts Ave
VS	51-REV. 7/1/68							<u> </u>							

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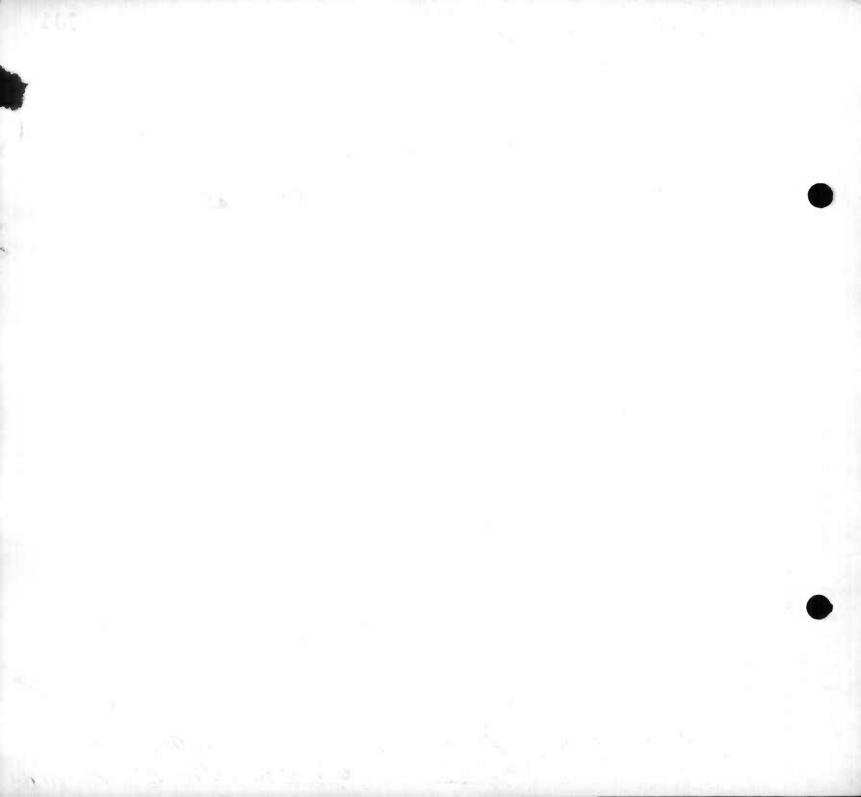
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	11-41				Y HEALTH DEPARTMENT		71	Omo2
	H NO.	71	Orne	CERTIFICA	TE OF DEATH	REG. NO	A sales	0/03
	AME OF DECE.		Wie Mus	77		AND HOUR OF DEATH	1	( 40 D
3. P	LACE IN BALTI	Alice Euge				uary 22, 1971		6;50 PM.
li .						UNIX	institution: tes	idence before admission)
FUL HO:	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC.	AL OR INSTIT	UTION, GIVE STREET	Md		28	-54
INS	ITUTION				C.CITY OR TOWN Baltimore	D. IN	SIDE CITY LIN	
	A	5500 Freder	ick Ave	nue	E. STREET AND NUMBER		YES 🔼	NO L
(	20				5500 Frede:	rick Avenue		
5. SE	X 6	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Under	1 Yr. , If Under 24 Hrs.
	emale	White	WIDOWED		5/9/1880	1051 Diffhdoys 90	Months	Poys Hours Min.
Journa	during most of wo DUSEWI fe	ATION (Give kind of working tile, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or I	oreign country)	12. CITIZE	N OF WHAT COUNTRY?
	ATHER'S NAMI	F			Maryland		ODA	
					14. MOTHER'S MAIDEN N			
15 14	-	J. Hooper			Mary Virginia	Lightner		
(Yos,	no or unknown) (I	f yes, give wer or dole	cos? s of sorvice)	SECURITY NO.	17. INFORMANT			ADDRESS
no				216-65-1328	Mrs. J. W. Wo.	lf, 5500 Fred	derick A	Ave.
l l	8.410	, 7 1		CAUSE OF DEAT			lac.	APPROXIMATE INTERVAL
	DISEASE	OR CONDITION DIS	RECTLY	Myo	cardial Infarc	tion, Acute I	Death	
1	This does not	mean the made of	dying, e.g.,	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:		************	10 Min
1	neort failure, os injury ar campli	thenio, etc. II means ication which caused	the disease, death.)			Di		
		TECEDENT CAUSES			eriosclerotic	Cardiovascula	ar HT	20 years
1	DISEASES OR	CONDITIONS, if	any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:			
11	ise to the	abave cause (A)	sloling the		osclerosis Gen	eralized. Ser	nile	20 years
		11		(c)	000000000000000000000000000000000000000			20 70020
Z 0	THER SIGNIFICA	ANT CONDITIONS COL	NTRIBUTING	27				
ATI	ISEASE OR CON	BUT NOT RELATED TO THE	1 (A).	None	**********************			
CERTIFICATION	PA. DATE OF O	PERATION 198 CONI WAS PERF	DITION FOR W	VHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IF YES WERE IN CERTIFYING CA	FINDINGS C	ONSIDERED ATH?
. 0	A A CCIDENT R CONTRIBUTION EATH Inotify me	WAS UNDERLYING DISCORDED CAUSE OF edical examined	218, home	Be torm, toctory, street, of	or obout 21C. WHERE DID	(If In Boltimo	re City, give e	xect lecetion)
21	FINJURY (A	Aonth) (Doy) (Year)	(Hous) 21E	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
2 14	APPROX.)	-	While	Not While				
22	2. I certify the	at (1) (this hospital)			Aub 19	19 64_10	1/22/	19 77
th	nat (1) (we) lo	st sow the deceased	d alive an	1/22/	1971 ond	that in (my) (our) opi	ntan da st	
				(We) (did) (did not) vi	ew the bady ofter death	ther inthity (out) obt	man aeath	occurred on the date
23	A. SIGNATURE	A	(1)	() (a.a) (a.a 1101) (1	ew the body offer death	•	23B, DATE S	GNED
	Ce	in lay	~ 1	Atten		Staff Phys.	2500 9016	NONED
23	NAME (Type			DEGREE Phys.	3D. ADDRESS	rnys.	1	
	-		:.00			son Ave., Bal	Lto.Md.	
24A.	BURIAL CREMA	Cliff Rat.		ME of CEMETERY OF CREA		0.00	ly, lown, or c	ounty) (Stote)
23	REMOVAL (Spec Irial	1/26/71		stern		Baltimore		, (31016)
25A. E		Comment of the Commen	258. NAME OF		25C. FUNERAL DIRECTO		144.	ADDRESS
	JAN 25	1971 (Rober	3 E 3 &	6 6 ask	Wiczke, 1630	Admondson A	ve., 21:	228
VS 150	0-REV. 1/1/68							



25

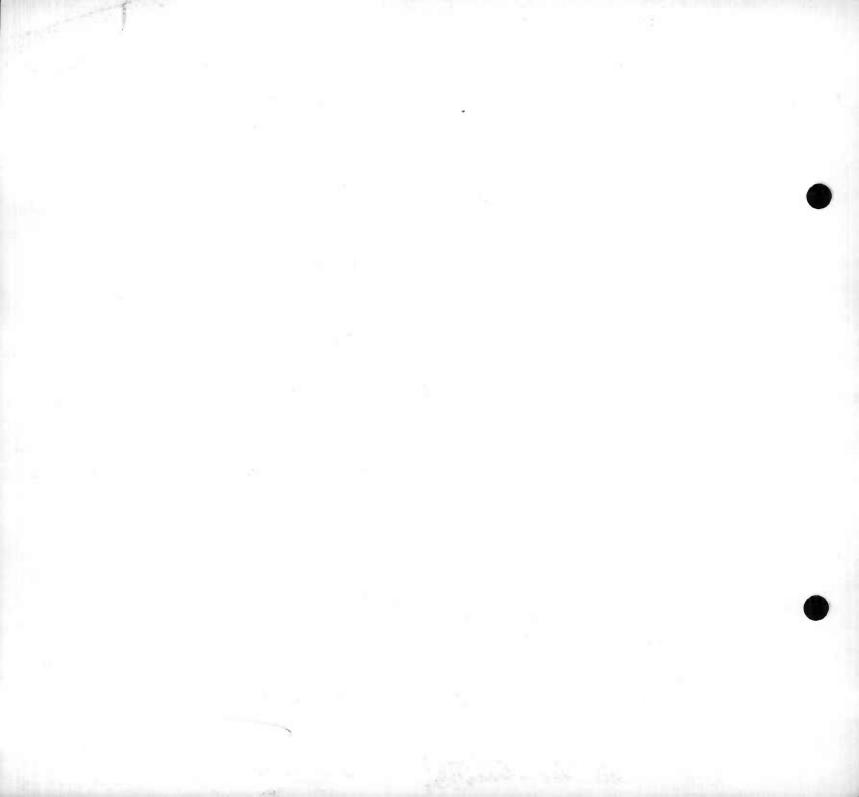
T		BALTIMORE CITY	HEALTH DEPARTMENT		71 0204
BIRTH NO.	71 0704	CERTIFICA	TE OF DEATH	REG. NO	11 0/04
Type or Print)	LDAN, CL	7RA	2. DATE	AND HOUR OF DEATH	1 1.25 A.
3. PLACE IN BALTIMORE, MARY	LAND, WHERE PRONOUS	NCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. II	institution: residence belare admissiv
FULL NAME OF (IF NOT II HOSPITAL OR ADDRESS INSTITUTION	N HOSPITAL OR INSTITU	TION, GIVE STREET	MARY LAN	P	27-16 SIDE CITY LIMITS?
) n			BALTIMOR	E	YES NO
sinal Hosp	TAL OF BA	LTO, INC.	4669 Par	1 11 1	Ave. #15
FEMALE MEGA	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Yr. If Under 24 Hrs Manths Days Haurs Min.
DA, USUAL OCCUPATION (Give k one during mast al warking life, even	ind of work 10B, KIND OF it retired)	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or I	areign county)	12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
. Wes Deceesed Ever in U. S. 7 es, no or unknown) (11 yes, give w	Armed Forces? or ar dates of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
DISEASE OR CONDI- LEADING TO (This does not meen the heart lailure, asthenia, etc. injury ar complication which antecedent DISEASES OR CONDITIOnise to the above countries to the obove countries.	DEATH mode of dying, e.g., It means the disease, a coused deoth.) CAUSES NS, if ony, giving		O CVA	Q prumon	approximate interval setween onset and deat day
UNDERLYING CONDITION  II  OTHER SIGNIFICANT CONDITI TO THE DEATH BUT NOT RELL DISEASE OR CONDITION GIVE 19A-DATE OF OPERATION  21A. ACCIDENT WAS UNDER	ONS CONTRIBUTING LIED TO THE TERMINAL N IN PART 1 (A).	(C)	[20A. AUTOPSY? (Yes or	Noll 208 IF YES WEDE	FINDINGS CONSIDERED
D	WAS PERFORMED				AUSES OF DEATH?
OR CONTRIBUTING CAUSE	CLYING 21B, P hame, etc.)	LACE OF INJURY (e.g., in form, foctory, street, af	ar about 21C, WHERE DID	(if In Baltime	re City, give exact location)
21D.TIME (Month) (Day OF INJURY (APPROX.)	(Year) (Hour) 21 E I While Work	At Mark	21F. HOW DID I		
22. I certify that (1) (this that (1) (we) last saw the	deceased alive an			*	Inlon death occurred on the dat
and hour and from the cau	ses stoted obave. (1)	(We) (dld) (dld not) v	lew the body ofter deatl	1.	
23A. SIGNATURE	Ancharman	After Phys	nding Med.	Stoff Phys.	1/23/7/
23C. PHYSICIAM'S NAME (Type) VICHA   A	TI CHARTAKAI	aw M.D	SINM HOW		ro., INC.
	DATE 24C. NAM	DEGREE	MATORY 24D.		ity, tawn, ar county) (State)
IAN 25 1071	PT. 258, NAME OF	REGISTRAR	25C. FUNERAL DIRECT		Chemon



IMPORTAN

DIRECTOR:

FUNERAL



VS 150-REV. 1/1/68

OWNER RESIDENCE

EXAMINER'S

NAME (Type)

25A. DATE REC'D BY HEALTH DEPK

24A. BURIAL CREMATION.

REMOVAL (Specify)

VS 151-REV. 1/1/68

BURIAL

rsidore Mihalakis

NAME OF THE

24B. DATE

.D.

24C. NAME of CEMETERY OF CREMATORY

burn Com

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, N BIRTH NO 1. NAME OF DECEASED A 2. DATE Hour (Type or Print) OF CHARLES JOHNSON, JR. Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month Yeor Hour Doy AIFINOTIN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD 22 1971 OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY Mercy Hospital Md. 7. RACE 6. SEX C. CITY OR TOWN B. MARRIED NEVER MARRIED D. INSIDE CITY LIMITS? male negro WIDOWED DIVORCED \_ YES X NO L 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months, Doys, Hours, Min. lost birthday) 925 E. Madison St. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? CHARLES J. JOHNSON 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even If retired) JUNE GRIFFIN 16. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. INFORMANT 17. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. JOHNSON 519 CHATEAU CAUSE OF DEATH APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Stab wound of chest (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the discose, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., In or obout 22C, WHERE DID (II in Boltimore City, give exact location) home, larm, lactory, street, office bidg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. alley Madison & Ensor Sts. OF INJURY (Month) (Doy) 22E. INJURY OCCURRED (Yeor) (Hour) 22F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE (APPROX.) 1 - 22 - 71Stabbed during altercation. WORK 23. I certify that I held an Inquiry Autopsy X and that an this basis, death in my apinion Inspection resulted fram: Natural causes Suicide \_\_\_ Accident Homicide 3 Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

24D. LOCATION

TSAIts.

1 - 22 - 71

928 ENOTE AVE

(City, town, or county)

ADDRESS

	BALTIMORE CIT	TY HEALTH DEPARTMENT						
	BIRTH NO. 71 0708 CERTIFICA	ATE OF DEATH REG. NO. 11 0708						
11	NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
	13RIGHI, WILLIAM F.	6.45 AM 1-23-71						
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY						
-11	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	MARYLAND : 20-01						
	Lutheran Hospital of Maryland.	i i i i i i i i i i i i i i i i i i i						
	-une in mobile for performed.	E. STREET AND NUMBER						
5	SEX 6. RACE 17. 444 POLED 12.	1 8. DATE OF BIRTH 19. AGE (10 veges 1 1/4 llades V. 1/4 llades V.						
	MARRIED NEVER MARRIED WIDOWED DIVORCED	Months: Doys Hours Min.						
	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY						
11°	IN STEEL ARTORY	VAI LI. S. A.						
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	WILLIAM FRANKLIN BRIGHT	MARIAH THROWER						
0	5. Was Deceased Ever in U. S. Armed Farces? (es,no or unknown) (If yes, give wor or dates of service)  1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS						
	No 216-09-532	2 HARRY BRIGHT 1829 Penrose Avenue						
	DISEASE OR CONDITION DIRECTLY	TH SEPTICAEMIA.  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	LEADING TO DEATH  (A) IMMEDIATE CA	USE URINARY TRACT INFECTION						
	heart lailure, asthenia, etc. It means the disease.	A CONSEQUENCE OF;						
	injury or camplication which caused death.)							
	DISEASES OR CONDITIONS, if any, giving Due to, or A	A CONSEQUENCE OF						
	rise to the above cause (A) stating the	A CONSEQUENCE OF:						
	CONDITION (C)	***************************************						
3	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
CATI	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF OPERATION 198. CONDITION FOR WHICH OPERATION							
EBTIEL	WAS PERFORMED	20A. AUTOPSYZ (Yes of No.) 20R. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
1	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Baltimore City, give exact location)						
V	DEATH (notify medical examiner)	office bidg., INJURY OCCUR?						
AEDI	OF INJURY	21F. HOW DID INJURY OCCUR?						
1	(APPROX.) While At At Work	-						
	22. I certify that (1) (this hospital) attended the deceased from	1-2-1- 1971 to 1-23- 1971						
	that (1) (we) last saw the deceased alive an 1-23-	19.7/ and that In(my) (aur) apinian death accurred an the date						
and haur and from the causes stated abave. (1) (#e) (dld) (dtd not) view the bady after death.  23A. SIGNATURE  23B. DATE SIGNED								
	F. MATIO MEMON M.D.	Lutteran Hospital of Marylan.						
24	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, or county) (State)						
L.	Bunal 1/27/71 CARYE MEM	PARK LAUREL MD.						
25	JAN 25 1971 John E. Jaber M.A.	1 25C FUNERAL DIRECTOR CH 928 E NORTH						
VS	150-REV. 1/1/68							

1829 Denrose are

. . and the second of the second o

228. PLACE OF INJURY (e.g., In ar obout 22C. WHERE DID (If in Boltimore City, give exact location) home, farm, factory, street, office bldg., etc.) INJURY OCCUR?

Homicide \_\_\_

25C. FUNERAL DIRECTOR

22F. HOW DID INJURY OCCUR?

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER X

ASSOCIATE MEDICAL EXAMINER

24D. LOCATION

George A. Weber - 705 S. Ann St.

ond that on this basis, deoth in my opinion

Undetermined monner

Baltimore, Maryland

21. AUTOPSY? (Yes or No)

DATE SIGNED

(Stote)

January 24, 1971

(City, lown, or county)

ADDRESS

20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED

(Hour)

Ronald N. Kornblum, M.D.

22E, INJURY OCCURRED

Inspection

NOT WHILE

Autopsy K

Suicide

24C. NAME of CEMETERY or CREMATORY

Holy Rosary Cemetery

WHILE AT

Accident

WORK

258. NAME OF REGISTRAR

(Year)

I certify that I held an Inquiry

24B. DATE

resulted from: Natural causes X

Z 22A.

23.

OF INJURY

ACTUAL

REMOVAL (Specify)

VS 151-REV, 1/1/68

SIGNATURE\_ EXAMINER'S

NAME (Type)

24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

(APPROX.)

EXTERNAL CAUSE WAS

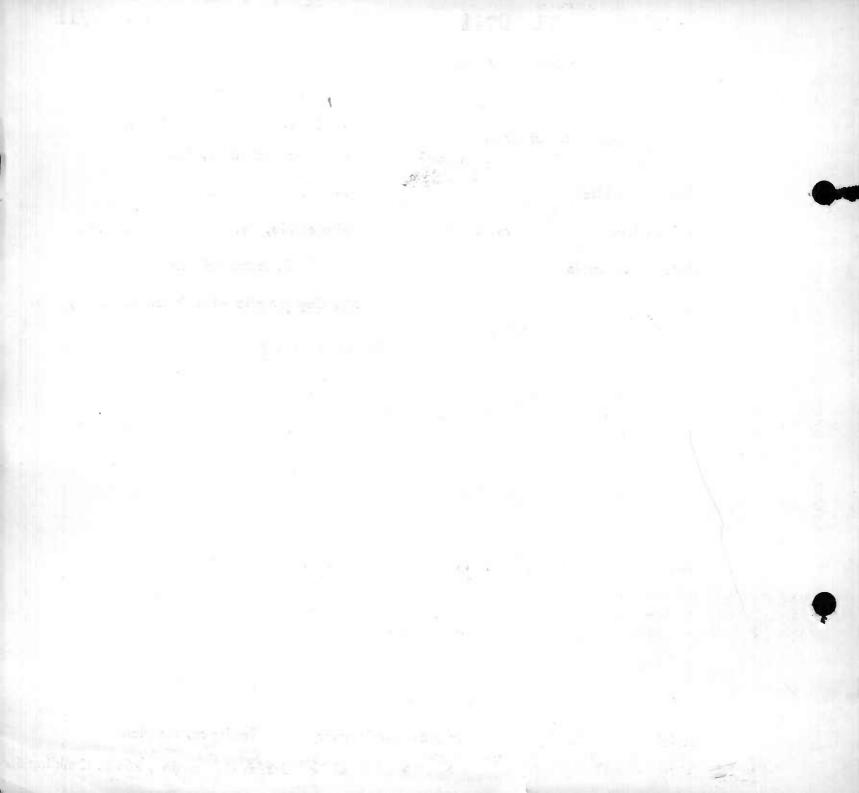
UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.

22D. TIME (Month) (Day)

The state of the s Marie A read to the second

VS 150-REV. 1/1/68

0	_ /		BALTIMORE CITY	HEALTH DEPARTME	NT	174 Om44
0-63	34 7	1 0711	CERTIFICA	TE OF DEAT	H REG. NO.	71 0711
I NAME OF D	FCFASED		O=1(111110)		TE AND HOUR OF DEAT	
(Type or Print)	Mari	a D. Sardell		1	-18-71	750 p. M.
3. PLACE IN B	ALTIMORE, MARYLANO,	WHERE PRONOUNC	CEO DEAD	4. USUAL RESIDENCE A. STATE B.	(Where deceased lived, If COUNTY	institution: residence before quimission)
FULL NAME O	OF (IF NOT IN HOS	PITAL OR INSTITUTIO	N, GIVE STREET	Marylan c. CITY OR TOWN		VSIDE CITY LIMITS?
NOITUTION	1337 West 4			Baltimore	D. 11	YES NO
00	1337 West 4	HIST STREET		1337 West	4lst Street, 212	11
5. SEX	6. RACE	7. MARRIED X	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years tost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
Fem.	White	WIDOWED	DIVORCED _	10/12/15	55	
	CUPATION (Give kind of w of working life, even if retire		SINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Self-En		Travel	gency	Philadelphia	a, Pa.	U.S.A.
3. FATHER'S N	IAME			14. MOTHER'S MAIDE	NNAME	
Marco	De Leonardis			Co	ncetta Gallotta	
5. Was Deceas	ed Ever in U. S. Armed	Forces? 16.	SOCIAL	17. INFORMANT		ADDRESS
No.	wn) (If yes, give wor or d	oles of service/	SECURITY NO.	Mr. Guy Sa	rdella - 1337 W	est 41st Street, 21211
18.154	.01		CAUSE OF DEAT			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISE	ASE OR CONDITION	DIRECTLY		10 11·	11.0	, BETWEEN ONSET AND DEATH
	LEADING TO DEAT		(A) IMMEDIATE CAT	ISE Cardioc	failure	
	e, asthenia, etc. It med			A CONSEQUENCE OF:	V	
	amplication which caus		P	1	,	
	ANTECEDENT CAUS	ES	18) GENER	ea/1280 0	aReinoma	4089
	OR CONDITIONS,		DUE TO, OR AS	A CONSEQUENCE OF:	. /	
	The abave cause () NG CONDITION last.	A) stating the	10 Dole	wearchoe	ue lector	presion
			(0)	7		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
OTHER SIGN	NIFICANT CONDITIONS (	ONTRIBUTING	Bilot	en Chlow	0 000 .	
TO THE DE	ATH BUT NOT RELATED TO	THE TERMINAL	101-0011	July practice.	The same	
	OF OPERATION 198. C		CH OPERATION	20 A. AUTOPSY? (Yes	or No. 20B. IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIE	DENT WAS UNDERLYING	21B. PLA	CE OF INJURY (e.g.,	in or about 21 C. WHERE	DID (If in Boltin	nore City, give exact location)
DEATH (no	IBUTING CAUSE OF	home, f	orm, foctory, street, o	ffice bldg., INJURY OCC	U R?	
21D. TIME	(Month) (Doy) (Ye	or) (Hour) 21E. IN.	JURY OCCURRED	21 F. HOW D	ID INJURY OCCUR?	
21D. TIME OF INJURY (APPROX.)		While A				
		Work	A1 Work	1ar. 20	10 70	Jan, 18 1971
	fy that (I) ( <del>this hospi</del> e) lostysaw the deced		Jec. 30			Jan, 15 19 7
and hayr	and from the causes s	tated above. (1) (Y	(did) (didin)			
23A. SIONA	TURE ///	1				23B. DATE SIGNED
2VA	spartollly	enono	Phy	ending Med.	Staff Phys.	1-18-11
23C. PHYSIC NAME	CIAN'S		DEGREE	23D. ADDRESS	0 101	0 11
F-2	usto M. M.	Reziosa	M.D.	1120 14	raul st.	Balto 2, Mol.
24A. BURIAL C	REMATION, 24B. DATE	24C. NAMI	of CEMETERY of CR	EMATORY	24D. LOCATION	(City, town, or county) (Stote)
Burial	1/21/7	Но	ly Redeemer	Cemetery	Baltimore, A	
	D BY HEALTH DEPT.	25B. NAME OF R		25C) FUNERAL DIR	ECTOR Zann	ADDRESS
JAN	1977 Vale	SE Jake	ALA T	D Wy	seph N. Zanni	no, 263 S. Conkling St

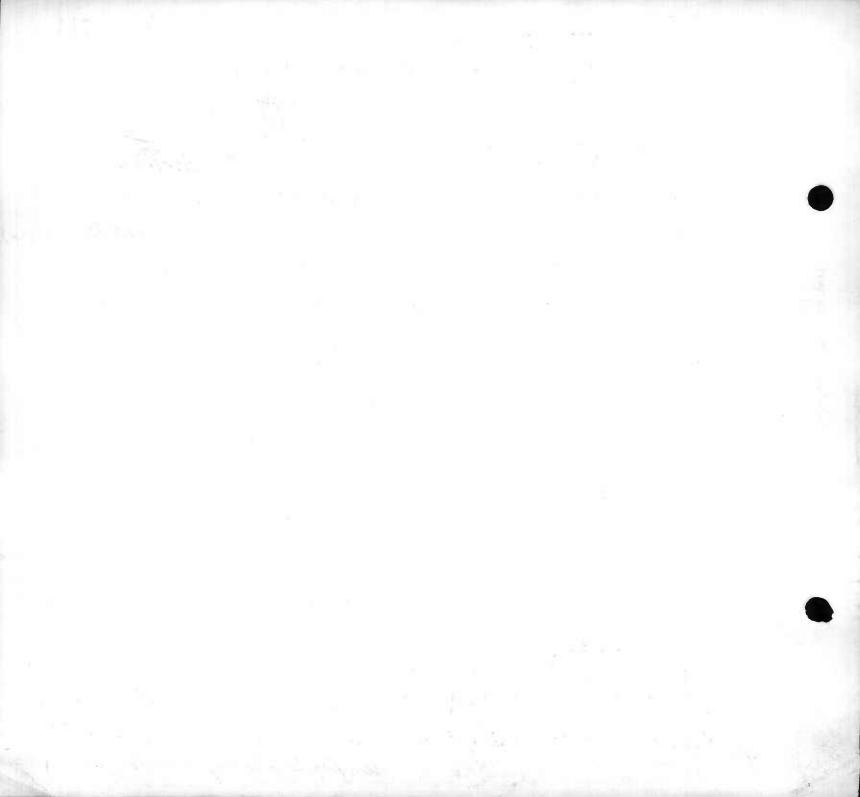


	71	0712
_		

1	71 0712 BALTIMORE CITY HEALTH DEPARTMENT	
12500	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	0712
	1. NAME OF DECEASED (Type or Print)  ADAM KANIECKI (Kenny)    2. DATE   Known K   Month   Day   Ye   OF   DEATH   Estimoted   January 23, 197	
	4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF PRONOUNCED DEAD  3. DATE Month Doy You Pronounced DEAD  January 23, 197  5. USUAL RESIDENCE (Where deceased lived, il institution: reside	
	7 North Gurly Curley St. A. STATE Maryland B. COUNTY	6-01
	6. SEX 7. RACE B. MARRIED NEVER MARRIED C. CITY OR TOWN  Male White WIDOWED X Z DIVORCED Baltimore  9. DATE OF BIRTH 10.AGE (In years   Wunder   Yr.   11 Under 24 Hrs.   E. STREET AND NUMBER	NO
	July 28, 1901   G9   In the control of the control	eet
	Baltimbere, Maryland 217-14-1868 Frank Kaniecki	
	Tugboat Fireman Retired Joan -  16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 1B. INFORMANT ADDRESS	,
	(Yes, na ar unknown) (II yes, give war or dotes of service)  217-14-1868  Mrs. Fannie Kaniecki  19. CAUSE OF DEATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A)IMMEDIATE CAUSE  Arteriosclerotic cardiovascular disease  (A)IMMEDIATE CAUSE	
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. it means the disease, injury or camplication which caused death.)	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  C  C  C  C  C  C  C  C  C  C  C  C  C	
	C)	***************************************
		UTOPSY? (Yes or No) NO
	22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., in ar obout 22C. WHERE DID (if in Baltimore City, give exact lacation has been a controlled by the second lacation has been a controlled by the seco	on)
	22 22D. TIME (Month) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR?  OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK  23.	
	I certify that I held an Inquiry Inspection A Autapsy and that on this basis, death in my opinion resulted from: Notural courses Accident Suicide Homicide Undetermined monner	n
	ACTUAL SIGNATURE SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER X	DATE SIGNED
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, lown, or co	24, 1971 (State)
	REMOVAL (Specify)  Burial 1/27/71 Holy Redeemer Cemetery Baltimore, Maryland  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRES:	
	JAN 25 1971 Police E. Nachen Company of the State of the	

1	4-52	0 7:		713		BALTIMORE CITY HI			DEATI	4	71	0713	
BII	RTH NO.		.,,		- 1-7	Will the Co	P [ [ ] ] ]	CAIL OI	ואלוו	REG. NO	-	-14-	
1.	NAME OF DEC	EASED					2. DATE	Known 🗍	Month	Doy	Yeor	Hour	
(Iy	(Type or Print) VIRGIE D. HINES						OF DEATH	Estimoted		201			
4.	PLACE IN BAL						3. DATE		Month	Doy	Yeor	Hour	М.
	L NAME OF	(IF NOT	IN HOSPIT	AL OR INS	TITUTIO	N, GIVE STREET	PRONO	JNCED DEAD	1			0.15	
	SPITAL INSTITUTION	ADDRES	SS OR LOC	ATION)			S HEHALD	ESIDENCE (Where	<u> </u>	16	1971	2:15	Рм.
	00	***					A. STATE	SIDEINCE (WHEE	e deceosed liv	B. COUNTY	; residence b	erore oamissio	on)
,-		Pier 4	F4 P1	att S				Md.				- 05	
٥.	SEX	7. RACE		8. MARI	RIED _	NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
f	ema1e	white	3	WIDOV	VED 🗌	DIVORCED [	Balto. YES X NO						
9. 1	DATE OF BIRTH		10.AGE (		If Und	ler 1 Yr. li Under 24 Hrs.	E. STREET	ND NUMBER					
1	0/13/4	6	lost birthd		Month	Doys Hours Min.	2	102 F Pa	1 + 2	. 04			
11.	BIRTHPLACE (S	tote or foreign			12. CI	TIZEN OF	13. FATHER	103 E. Ba	LLIMOF	St.			
1		1.1	7/			HAT COUNTRY?		,		1)	/	~(	
1	201200	177 O	nio	11 15 11 11	(	USA	MA	drew	JEC.	-KSOr	(5)	01+	
don	during most of w	erking life, eve	n ifrettred)	1/ w L	OF BO	USINESS OF INDUSTR	1 15. MOTHE	S MAIDEN NA	ME				
	Wait	1855		011	00	e par	1 6	annett	e (0	0++			
	WAS DECEASE				5?	7. SOCIAL	IB. INFORM			AI	DDRESS		
(10:	(, no or unknown)	(it yes, give w	or or dotes	of service	,	SECURITY NO.	140	5. Jean	10H/	LE -			
	19.	21.7				CAUSE OF DEA	1	,	1. (2)	011	I API	PROXIMATE INTE	RVAL
	= 11	01/1				0.,002 0. 02.					BETW	EEN ONSET AND	DEATH
		OR CONDI		CTLY									
		EADING TO				(A)IMMEDIATE	THOUL	owning					
	heart follure,	osthenio, etc.	It meons th	e diseose,		DUE TO, OR	AS A CONSEQ	UENCE OF:					
	Injury or com	plication which	n coused de	oth.)									
	AA	TECEDENT C	AUSES			401							
		R CONDITIO		Y. GIVING		DUE TO, OR	AS A CONSE	UENCE OF:					
	RISE TO THE	G CONDITION	SE (A) STA	TING THE									
Z	OTTOERETH	o condin	JIT LASI.			(c)		*******					
CERTIFICATION													
ਹੈ	TO THE DEA	TH BUT NOT	DITIONS C	ONTRIBU	ING						3.4		
띰	DISEASE OR	CONDITION	GIVEN IN F	ART 1 (A)									
E	20A. DATE OF	OPERATION	20B. CO	NOITION	FOR W	HICH OPERATION W	AS PERFORM	ED			21. AUTO	SY? (Yes or h	No)
	21										*****		
₹	22A. EXTERN	NAL CAUSE Y	VAS		22B. PL.	ACE OF INJURY(e.g.,	In or obout 2	C. WHERE DID	(If In BoltImore	City, give exp	yes t location)		
MEDICAL	UNDERLYING				home,	form, foctory, street, offic	e bldg., etc.) It	JURY OCCUR?	-	~.	4-0	1	
뿔	22D. TIME (	Month) (De		r) (Hou		Harbor LINJURY OCCURRED	5)	Pier #4	Pratt		/	/	
	OF INJURY '	montally (or	7,7 (160	1) (1100	'	ILEAT NO	WHILE W			Kr			
		15-71		?	m. WC	ORK AT V	ORK K	Subj. dr	owned				
	23.			-									
	1 certi	fy that I he	ld an	nquiry L		Inspection 🗌 🗛	topsy X	and that on th	nis basts, d	leath in my	opinion		
	result	ed from: No	tural car	305	Acc	ident Suici	le 🗌 Ho	micide 🔲 🔛	Undetermin	ed monner	3		
				16-	,	. /	(	HIEF MEDICAL E	XAMINER				
	ACTUAL	ne		Mh.	1.	lete A	ASSIS	TANT MEDICAL E	XAMINER	X		DATE SIGNE	D
	SIGNATU		-	1600		COLL SWIL	•						
	NAME (T		Isido	re Mi	hala	akis, M.D.	A550	CIATE MEDICAL E	AAMINEK [		1	-17-71	
24/	BURIAL CREM	ATION. 24	B. DATE	1		NAME of CEMETERY	or CREMATO	RY 24D	LOCATION	(City town	or county)	(Stote)	
RE	MOVAL (Specifi	()	1/20	1-71	1/	1. 100	1		5. 0	City, lown,	or county)	(Stote)	
1	urial			///		allacty	(en	/ /	Mit	SK-d			
25	. D'ATE REC'D	BY HEALTH D	EPT.	25B. N	AME O	F REGISTRAR	25C. F	UNERAL DIRECTO	OR	AL	DRESS		
	JAN 2	5 3071	Holes	333	Balda	in Kilon	2/5	ment d	02.	1	()		
VS	51-REV. 1/1/68	- WEI			4			of the	1. Jac	nen	1 X)		
		11 1	1 4	- /			1/		0				

VS 150-REV. 1/1/68



V	- 11-3 ·	71 0	715	BALTIMORE CITY HE	ALTH DEPART	TMENT				
95-5	23	MEDI	CAL EX	XAMINER'S	CERTIFIC	ATE OF	DEATH	REG. NO.	71	0715
BIRTH NC.								REG. NO.		
I. NAME (Type or Pri	OF DECEASED	AKRON	KNIGH'	Г	2. DATE OF	Known A	Month	Day	Year	Hour
4 PLACE	IN BALTIMORE, MA		EDE PRONG	DINCED DEAD	DEATH 3. DATE	Estimoted	Januar			М.
FULL NAME HOSPITAL	OF (IF NOT		OR INSTITUTION	ON, GIVE STREET		NCED DEAD	Month Janual	ry 21,	L971	8:50 A.
OR INSTITUT		Hopkins	Hospi	tal (DOA)	A CTATE	Maryland		ed. If institution:	residence !	before odmission)
6. SEX	7. RACE	8	MARRIED	NEVER MARRIED	C. CITY OR T	OWN		D. INSIDE CIT	TY LIMITS?	
Male 9. DATE O	0		WIDOWED		1	Baltimore		YE	s 🖄	№ □
125	-15-26	10.AGE (In y lost birthdoy) 44		nder 1 Yr. If Under 24 Hrs. hs: Doys Hours Min.		1542 N. B	roadwa	У		
II. BIRTHPL	ACE(Stote or foreign	country)		VHAT COUNTRY?	13. FATHER'S		Kn	idst		
i 4A.USUAL done during n	OCCUPATION (Give most of working lile, eve	kind of work 14	B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER	S MAIDEN NAM	NE ON A	10elo	4	
16 WAS DE	eceased ever in to	J.S. ARMED F	ORCES?	17. SOCIAL SECURITY NO.	18. INFORM	B. Kn	in B	-	Paul	les au .
119.	105 W	p)		CAUSE OF DEA	тн		779			PPROXIMATE INTERVAL
1	DISEASE OR CONDI	TION DIRECT	LY						IDE! W	VEEN ONSE! AND DEATH
(This	LEADING TO			(A)IMMEDIATE C		pathic ca	rdiomy	opathy		
heort	follure, osthenio, etc. y or complication which	It meons the di	iseose,	DUE TO, OR A	AS A CONSEQU	ENCE OF:				
	ANTECEDENT C			(8)						
RISE	ASES OR CONDITION TO THE ABOVE CAU	ISE (A) STATIN	SIVING	DUE TO, OR	AS A CONSEQU	JENCE OF:		*****************		
ND UND	ERLYING CONDITION	ON LAST.		(c)						
O TO TI	ER SIGNIFICANT CON HE DEATH BUT NOT! ASE OR CONDITION O	RELATED TO TH	E TERMINAL							
20A. D				WHICH OPERATION WA	S PERFORME	D			21. AUTO	PSY? (Yes or No)
	/								7	Zes
UNDER	EXTERNAL CAUSE V LYING OR CONT CAUSE OF DEAT	RIB-	228. P home	LACE OF INJURY (e.g., lorm, loctory, street, office	in or obout 220 bldg., etc.) INJ	URY OCCUR?	f in Boltimore	City, give exoc	t locotion)	
≥ 22D. TI OF INJ (APPRO	IME (Month) (Do		W		WHILE -	· HOMDID INJ	URY OCCUR	77	6.50	
23.			m.  W							
1	I certify that I he				tap sy X	and that an th		-		
	resulted from: No	tural cause	S IXIX A	cident L Suicid			-	ad manner L	7	
	CTUAL CONTRACTOR	iarly	1,0	Junga Com		HEF MEDICAL EX		$\overline{\mathbf{x}}$		DATE SIGNED
EX		Charles	S. Spr	ingate, M.D.	ASSOC	IATE MEDICAL EX	KAMINER [	Janu	ary 21	1, 1971
	L CREMATION, 24	1-96-	-7/240	. NAME of CEMETERY	ar CREMATOR	Y 240. L	OCATION	(City, town,	or county)	(Stote)
25A. DATE	REC'D BY HEALTH D	EPT.	- 2 -	OF REGISTRAR	25C, FU	NERAL DIRECTO	R	AD	DRESS	watere
JAN VS 151 DEV	25 1977 (	Police & E	Salle.	KR	Gli	rett &	unus	el Ho	w-110	29/1 Chauling

VS 151-REV. 1/1/68

SIGNATURE

EXAMINER'S

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

24A. BURIAL CREMATION,

REMOVAL (Specify)

VS 151-REV. 1/1/68

Ronald N.

24B. DATE

Kornblum, M.D

25B. NAME OF REGISTRAR

24C. NAME of CEMETERY or CREMATORY

0716 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. NAME OF DECEASED 2. DATE Known 🛛 Month Doy Year Hour (Type or Print) OF Estimoted \_ Eunice Mason DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Yeor Hour Month Doy PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET 22 7:20 p M. 71 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY 521 E. 27th St. Maryland 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS? 8. MARRIED NEVER MARRIED colored Baltimore female WIDOWED DIVORCED \_\_ YES If Under 1 Yr. II Under 24 Hrs. 9. DATE OF BIRTH 10. AGE (In years E. STREET AND NUMBER lost birthdoy) 17 Months ; Doys , Hours ; Min. 521 E. 27th St. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life; even il retired) 16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ((If yes, give wor or doles of service) 17. SOCIAL 18. INFORMANT ADDRESS SECURITY NO. 9-12-8 19. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Arteriosclerotic cardiovascular disease LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., DUE TO, OR AS A CONSEQUENCE OF: heart follure, osthenio, etc. It meons the disease, injury or complication which coused death.) **ANTECEDENT CAUSES** (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NO (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). CERTI 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (II in Boltimore City, give exoct location) home, form, factory, street, allice bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Doy) (Hour) 22E.INJURY OCCURRED (Yeor) 22F. HOW DID INJURY OCCUR? OF INJURY WHILEAT NOT WHILE (APPROX.) WORK 23. I certify that I held on Inquiry Inspection X and that on this basis, deoth in my opinion Autopsy Suicide resulted fram: Natural couses K Accident Homicide \_\_\_ Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

24D, LOCATION

1/23/71

(Stote)

(City, town, or county)

ADDRESS

The Hard Street of the Street 

1	///~200 /1 0717 CERTIFICAT	HEALTH DEPARTMENT TE OF DEATH REG. NO. 71 0717
of death Deceased s on the 1th. Such	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
- 0 0 0 -	(Type or Print) M cCoy, Gladys	1-20-71 8:15 A. M.
e e S)	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whata daceased lived. II institution: residence before admission) A. STATE B. COUNTY Balto. Maryland
cau cau se; end to	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  Hilton Nursing Home	C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES  NO
ting d cau d cau r att	3313 Poplar Street	E. STREET AND NUMBER
D.= L .	Baltimore, Md.	1518 E. Chase St. Balto. Maryland
ibut insd insd d p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH  9. AGE (In years If Under 1 Yr., If Under 24 Hrs.  Months: Days : Hours: Min.
contribut termined regular reased p		9-97-93 78
or conndeternates in references in reference	done during most of working life, even it retired)  Housewife	1. BIRTHPLACE (State or foreign country)  Virginia
nt if death direct or c ; (4) Undet th was in in the dec	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
dir dir di di on dis	Jesse gothison	Harriett Gillman
8 9 8 9 -	15. Was Deceosed Ever in U. X Afmed Forces? (Yas, 60 of unknown) Uf yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	7. INPORMANT ADDRESS
ssist the kir de ince	218-01-7461	Poticallan Seme
H 4 0 0 "	18. CAUSE OF DEATH	APPROXIMATE INTERVAL
d d d	DISEASE OR CONDITION DIRECTLY OFCE	nomo of slaves Express ONSET AND DEATH
Als Als ant me	LEADING TO DEATH	
Day to come		CONSEQUENCE OF:
0 A to 5 0 0	injury or complication which coused deoth.)	
Ertone	ANTECEDENT CAUSES	
Xa A A A A A A A A A A A A A A A A A A A	DISEASES OR CONDITIONS, il any, giving DUE TO, OR AS A	CONSEQUENCE OF:
(3) ex	use to the above couse (A) stoting the	
5 5 . C	UNDERLYING CONDITION last. (C)	
dica dica rrns, rsici was mai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
To by	FIO THE DEATH BUT NOT RELATED TO THE TERMINAL	
0 D 0 UE		20A-AUTOPSY? (Yas of No) 20B. IF YES, WERE FINDINGS CONSIDERED
F 0 0 F 2 +	198. CONDITION FOR WHICH OPERATION WAS PERFORMED  218. ACCIDENT WAS UNDERLYING [1] 218. PLACE OF INTURY (e.g., in	20A- AUTOPSY? (Yas of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
the phe for ph	OR CONTRIBUTING CAUSE OF home form foctory street office	ar obout 21 C. WHERE DID (It In Boltimore City, give exact lacation) ee bldg., INJURY OCCUR?
00 - 3	DEATH (notity medical examiner)  21D-TIME (Month) (Day) (Yaar) (Hour)  OF INJURY  While At D Not While	215. HOW DID INJURY OCCUR?
pt atu		
	Now — Al Well	
TT 4 - 0 - 0	22. I certify that (1) (this hospital) attended the deceased from	9-1/19/0 11-2079 7/
of of of all (in);	that (1) (we) lost saw the deceased offve on	19.7./ond that in(my) (aux) opinion death occurred on the date
	and have and from the causes stated above. (1) (We) (did not) vie	w the bady after death.
dent dent ospit deat must	23A. SIGNATURE	23B, DATE SIGNED
20.250	Sparty ally Attend	ling Med. Stoff   1-20-7/
rificate my was rely was rely An acc. 3.A. at a bd prior teapproval	23C. PHYSICIAN'S NAME (Typo) RBU CALIN	P. ADDRESS Poplar France
H CAPE	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREM	ATORY 240. LOCATION (City, town, or county) (State)
certifi body v vs: (1) D.O.A ased p	REMOVAL (Specify)	2 A Dalla to mil
S O T	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR.	my gu county of w
the body shows: (1) was D.O. deceased written a	JAN 25 1977 Policy E. Name of Registrar	25C. FUNERAL DIRECTOR ADDRESS
-+4707	VS 150-REV, 1/1/68	Company 1000 sunday m

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~ -

OF STATE

IMPORTANT

DIRECTOR:

FUNERAL



5 + 9 + 5 5 + 9 + 5 6 + 9 + 5	J-530 71 0719 CERTIFICATE OF DEATH REG. NO. 1
of deatlook  Decease  o on the	1. NAME OF DECEASED 1 TONDO Mr WILLIAM 2. DATE AND HOUR OF DEATH 1-22-71-5.PM
hosi ise (5) and dec	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Whore deceased lived, II institution; residence before admission)  A. STATE  B. COUNTY  A. D
ing c caus atter	CHURCH HOME AND HOSPITAL  CHURCH HOME AND HOSPITAL  BALTIMORE YES NO  E. STREET AND NUMBER  3 0 3 7 FM St
occurre ontribut ermine regular eased p	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE lin yours lost birthdoy) Months: Days Hours Min.
death t or c Undet as in e dece	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or larging country)    12. CITIZEN OF WHAT COUNTRY
ath ath	ANTHONEY JONDO  G. GrACE  15, Was Deceased Ever in U. S. Armed Forces? [16. SOCIAL SECURITY NO. 217-01-4549]  Dorothy Jondo. 3037 Elliolist  [18. / E// G. GrACE  ADDRESS  SECURITY NO. 217-01-4549  CAUSE OF DEATH, Jondo. 3037 Elliolist  APPROXIMATE INTERVAL
is assistant if the any k	217-01-4549 Dorothy Tondo. 3037 Elliold Se 18. 151, 9 1 CAUSE OF DEATH, DISEASE OR CONDITION DIRECTLY Extensive rulastusis of BETWEEN ONSET AND DEATH
edical examiner or dical examiner. Als Jrns; (3) A fracture o fisician who pronouwas in regular attendins are embalme	LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) stoting the UNDERLYING CONDITION last.  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL
the chief I by a m (2) Body are the p physicia	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? IYes or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY Indicate a finite bidg. 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY Indicate bidg. 21B. PLACE OF INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY Indicate bidg. 21B. PLACE OF INJURY OCCUR?  21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY Indicate bidg. 21B. PLACE OF INJURY OCCUR?
hospi nature ept w d (6) I	21D. TIME IMonth! IDay! (You! (Hour! 21E. INJURY OCCURRED While At Work At Work 21F. HOW DID INJURY OCCUR?
of an of an (e al (e h); c	22. 1 certify that (1) (this haspital) attended the deceased from
as relea n accide at a hos rior to d	23A. SIGNATURE  Attending Med. Director Phys. 23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Typol Phys. 23D. ADDRESS  123D. ADDRESS  123D. ADDRESS
vs: (Vs: O.O.D.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)  Buil 1-21-71 Bellin memorial Bellin Med.  25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR (125C. FUNERAL DIRECTOR)
This the labove was dece	JAN 25 1971 Poster & School & School & School & Skilma & Haffman 3218 Hudson St

TUBMINATED BEALTH DEPARTMENT

and the second s

I certify that I held an Inquiry

resulted from: Natural causes

24B. DATE

ACTUAL

REMOVAL (Specify)

VS 151-REV. 1/1/68

Burial

SIGNATURE

**EXAMINER'S** 

NAME (Type) 24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

23.

	71	0720		BAI	TIMORE CITY HE	ALTH DEPAR	TMENT			Ma A	000
		MED	DICAL	EXA	MINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO	71	0720
BIR	TH NC.								XLO. 140.		
1. 1	NAME OF DECE	ASED				2. DATE	Known XX	Manth	Day	Year	Hour
(17)	e di Fillity	Louis	King	Lou	se D.J;on	S OF	Estimoled 🔲	1	14	71	5:10 p <sub>M</sub>
4. 1	LACE IN BALTI	MORE, MARYLAND,	WHERE P	RONOUN	CED DEAD	3. DATE		Manih	Doy	Yeor	Hour .
FUL	L NAME OF	(IF NOT IN HOSPIT	AL OR INS	TITUTION,	GIVE STREET ,	PRONOU	NCED DEAD	1	14	71	5.10 -
D	A COLUMN	ADDRESS OR LOCA	TRK	NIDI	TD-16-16	S TISTIAL DE	SIDENCE (Where	deserred to	ate 1	-	'5:10 р м.
11	TILIC	Bon Secou	S Ho	Spita	1 / //	A. STATE	SIDEINCE (Minere	aeceased it	B. COUNTY	residence b	a
-	7			-	Drd6-11	Md.					1-01
6. 5		RACE	8- MARE	RIED   N	EVER MARRIED	C. CITY OR	TOWN		D. INSIDE CIT	Y LIMITS?"	
	male	Negro	WIDOV	VED 🔲	DIVORCED [	Ba]	to.		YE	s 🗍	No 🗆
9. E	ATE OF BIRTH	IO. AGE (I	n yeors	If Under I	Yr. If Under 24 Hrs.	E. STREET A	ND NUMBER				
	Feb. 22.		3	Monnis L	inours   wint.	1317	W. Fayet	te St			
11.		ole or lareign country)		12. CITIZI	EN OF	13. FATHER'S					
	Maryla	nd	231745	WHAT	COUNTRY?	Jame	s P Smit	chson			
144	USUAL OCCUP	ATION (Give kind of work	IIAR KINIT	OF BUSI	VIECE OR INIDIETRY	15 MOTHER	C MAIDEN NA	15			
done	during montof wo	rking life, even ifretired)	140. KIIAE	OF BUSI	AESS OK IMPOSIK	Rose	mary Kir	ne 1g			
16.	WAS DECEASED	EVER IN U.S. ARME	FORCES	7 17.	SOCIAL	18. INFORM	ANT		AD	DRESS	
(Yes		f yes, give war or dates	of service	27	2-31-991		77. *	anno.			
	yes	AA AA .	<i>د.</i>	12.1	- / / / -		wille,	same			
	345	717-	88	TX	CAUSE OF DEA	H					PROXIMATE INTERVAL EEN ONSET AND DEATH
	DISEASE	OR CONDITION DIRE	CTLY	//	Acute	& Chro	nic subdu	iral he	ematoma	100	
		ADING TO DEATH			(A) IMMEDIATE C	AUSE					
	(This does not	meon the mode of dy	ring, e.g.,		DUE TO, OR A	AS A CONSEQUENCE OF:					
	injury or comp	licotion which coused de	oth.)								
	4.4.					Eniler	tic seizu	ro			
		ECEDENT CAUSES CONDITIONS, IF AN	Y CIVING		DUE TO, OR	TPTICE	UENCE OF	T.C			
	RISE TO THE	ABOVE CAUSE (A) STA	TING THE		DOL 10, OK	AS A CONSEQ	DENCE OF:				
Z	UNDERLYING	CONDITION LAST.			(c)						
암		11									
<b>₹</b>	OTHER SIGNIF	ICANT CONDITIONS C	ONTRIBUT	ING	Cin	amb eada	of liver				
프	DISEASE OR C	H BUT NOT RELATED TO ONDITION GIVEN IN P	ART 1 (A).	INAL	Cli	rnosis	or liver	*********			
CERTIFICATION		PERATION 208. CO			H OPERATION WA	S PERFORME	D			21. AUTOF	SY? (Yes ar Na)
Ö	2								No.		
Y	22A. FXTERNI	AL CAUSE WAS		228 BL A.C.	C INTURY		0 1441505 0 10			ye	s
13	UNDERLYING			home, form	OF INJURY (e.g., loctory, street, ollice	bldg., elc.) IN	JURY OCCUR?	In Ballimor	e City, give exact	location)	s on side-
	UTING A CAUS	E OF DEATH.		St	reet	N/S	ilk in uni	t blk	. OI N.	Woodve	ar Street
- 14	OF INJURY `	onth) (Doy) (Year	r) (Hou		JURY OCCURRED	22	F. HOW DID INJ		JR?		
	(APPROX.) ]	14-71	Unk	m. WHILE	AT NOT	WHILE ORK	eceased ap	paren	tly had	epiler	tic seizure

Autopsy KX

Homicide \_\_

25C. FUNERAL DIRECTOR

CHIEF MEDICAL EXAMINER

24D, LOCATION

ASSOCIATE MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

Suicide 🔲

Calvary Cemetry

24C. NAME of CEMETERY or CREMATORY

and that on this basis, death in my opinion

Undetermined manner

(City, town, or county)

ADDRESS

County

delphus Halstead 1206 W North Ave

DATE SIGNED

(Siote)

1/15/71

Inspection

Accident 🔀

258. NAME OF REGISTRAR

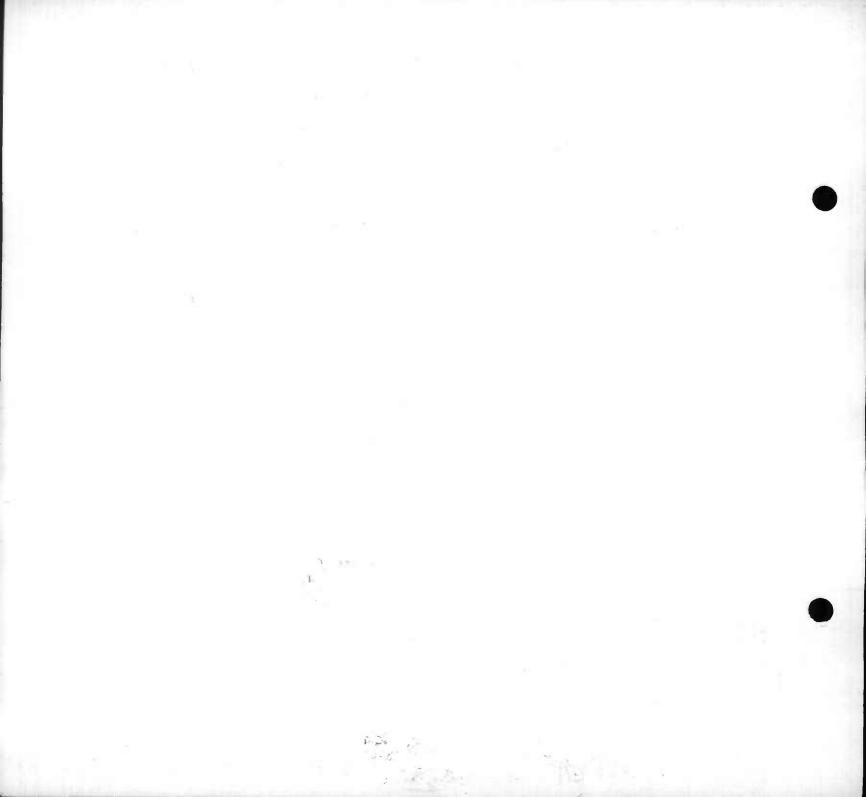
Peter Lipkovic, M.D.

tter from M.E.'s office 3-26

VS 150-REV. 1/1/68

a hospital and

	In A	) m O &	BALTIMORE	CITY HEALTH DEP	ARTMENT		1712	0-04
BIRTH NO.	71 (	1721	CERTIFI	CATE OF I	DEATH	REG. NO	71	0721
1. NAME OF DE		LLIE TAY	LOR PITMAN			ARY 22, 1	971	Λ.
3. PLACE IN BA	LTIMORE, MARYL	AND, WHERE PRO	NOUNCED DEAD	4. USUAL RE A. STATE Maryl	B. COUN	doceosed lived. If in	stitution: residence	
FULL NAME OF	(IF NOT IN	HOSPITAL OR IN	STITUTION, GIVE STREET				16-	03
NOTITITION				C. CITY OR TO	imore	D. INS	IDE CITY LIMITS?	[ ]
54	l N Ful	ton Ave		E. STREET AN			YES	NO [
00				541	N Ful	ton Ave		
5. SEX	6. RACE	WIDOW				AGE (in years ast birthday)	If Under 1 Yr. Months Doys	If Under 24 Hrs. Hours Min.
10A. USUAL OCO done dyring most o House	working life, even If	d of work 10B, KIND retired)	OF BUSINESS OR INDU	Virgi		n country)	U S	A COUNTRY
13. FATHER'S NA	ME			14. MOTHER'S	MAIDEN NAM	NE .		
			?				?	
5. Wes Decoase Yes, no or unknow	Ever in U. S. Ar	med Forces? r or dotos of service	security NO.	17. INFORMAT	lelia J	ackson, s	ame	RESS
18.	X		CAUSE OF D					OXIMATE INTERVAL
DISEA	SE OR CONDITI	ON DIRECTLY				1 1	BETWEE	N ONSET AND DEATH
(This does	LEADING TO		(A)IMMEDIATI	CAUSE Conge	estive h	cart full	щ	
heart failure	asthenia, etc. it	nde of dylng, o	ase, DUE TO, O	R AS A CONSEQUEN	CE OF:	rait full		
injury at ca	nplication which			0.0.				
DICEACEC	ANTECEDENT C	S, if any, giv	(8)	R AS A CONSEQUE	ucr or			**********
rise to th	e abave caus	e (A) stating		Pyherderes				
UNDERLYIN	G CONDITION I	ast.	(c)E	gjuuus	2009			***************************************
OTHER SIGN	II FICANT CONDITIÒ	NS CONTRIBUTION	NG.					
TO THE DEA	TH BUT NOT RELATED ONDITION GIVEN	ED TO THE TERMIN	IAL		******			
	OPERATION 119		OR WHICH OPERATION	20A. AUTO	PSY? (Yes or No)	208, IF YES, WERE	FINDINGS CONS	SIDERED
U 21A. ACCIDI			21B. PLACE OF INJURY (	a de la chantia C	WHERE DID		e City, give exec	
OP CONTEND	NT WAS UNDERIUTING CAUSE medical examine	OF	hame, form, factory, street.	et office bldg., INJU	RY OCCUR?	fit in possimos	e City, give exect	locotion;
DEATH (natif	(Manth) (Doy)		While At Not At	While Work	ULNI DID WOH	RY OCCUR?		
22. I certify	that (1) (this h	ospital) attende	ed the deceased fram.		1	65 to 1	- 22	19.7/
			on /- a2	19_7/		t in (my) (aur) apl		
			o. (I) (We) (did) ( <del>did-n</del>	-				
23A. SIGNAT		1)		7		v	23B. DATE SIGN	NED
	X	grean in	DEGREE		Med. Director F	hys.	1-28	-71
23C. PHYSICI NAME (	URGOT	JEUD		23D. ADDRESS		LYON PR	). Ball	Ind , 212.
24A. BURIAL CR	MATION 1248. D		C. NAME OF CEMETERY O	GREE CREMATORY	24D. LO	CATION (C	ity, town, or coun	ty) (Slote)
Burial	(Specify)			Cemetry	A	County	M	
	BY HEALTH DE	T. 258. NAA	AE OF REGISTRAR	25C FUNE	BAL DIRECTOR	alstead l	206 TAT AL	DRESS
	JAN 25 1	1/1 Dieber	& E. Jailen M.	fino.	thunga G	arstead I	ZUO W	North Av



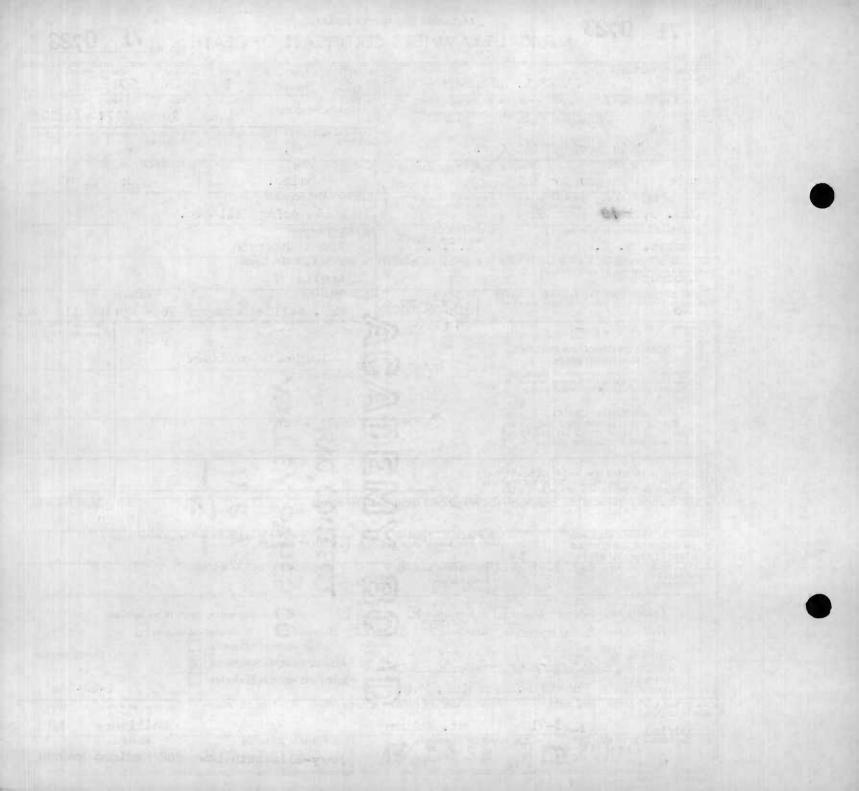
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DIRECTOR:

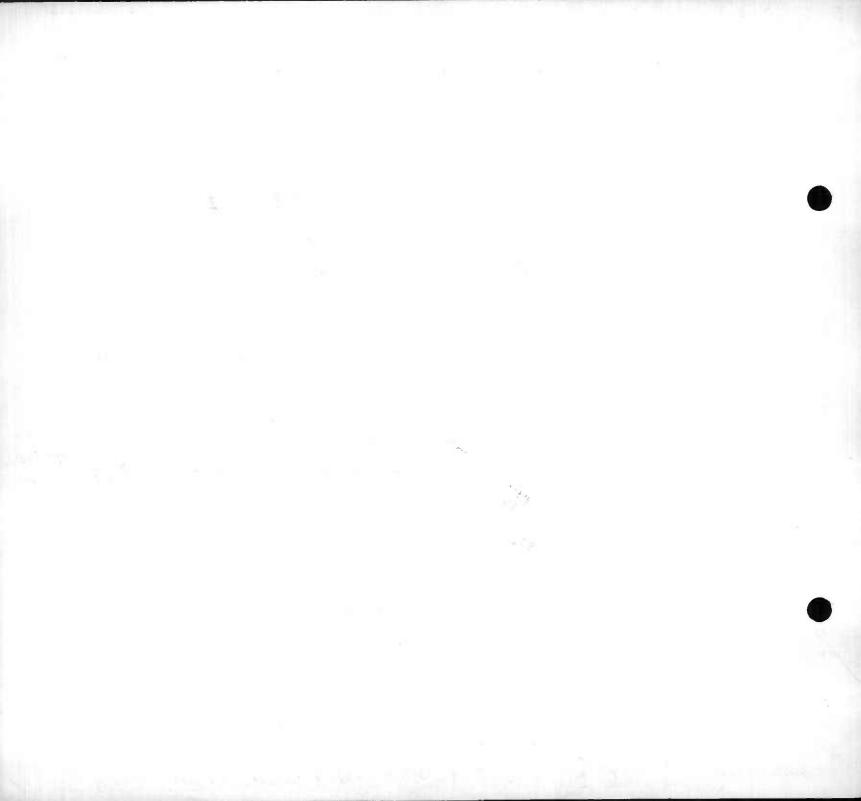
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561 St. many St.

71 0723		BALTIMORE CITY HE	ALTH DEPAI	RTMENT				
MED MED	ICAL E	XAMINER'S	CERTIFIC	CATE OF	DEAT	H PEG NI	71 (	723
BIRTH NO.						KEG. IV	) <u> </u>	
I. NAME OF DECEASED (Type or Print)			2. DATE	Known 🗌	Month	Doy	Yeor	Hour
JAMES	L. ANDI	ERSON	DEATH	Estimoted	1	20	1971	
4. PLACE IN BALTIMORE, MARYLAND, V	VHERE PRON	OUNCED DEAD	3. DATE		Month	Doy	Yeor	Hour
FULL NAME OF (IF NOT IN HOSPITAL ADDRESS OR LOCA	AL OR INSTITUTI	ON, GIVE STREET	PRONOI	JNCED DEAD	1	20	1970	11:20a
OR INSTITUTION			5. USUAL R	ESIDENCE (When	e deceosed li	ved. If Instituti	ion: residence be	efore odmission)
2614 Spring H	ill Ave		A. STATE	Md.		B. COUNTY	1	5-17
6. SEX 7. RACE		NEVER MARRIED	C. CITY OR	TOWN		ID. INSIDE	CITY LIMITS?	) - 1 40
male negro	WIDOWED			Balto.			YES 🖾 N	10 🗆
9. DATE OF BIRTH 1910 10.AGE (I	nyears HU	nder 1 Yr. If Under 24 Hrs.	E. STREET A	AND NUMBER			IES LI	10 []
Jan. 5,	Mon.	ths Doys Hours Min.	261	4 Spring	<b>Н</b> і11 А	170		
11. BIRTHPLACE (Stote or foreign country)	12 (	CITIZEN OF	13. FATHER		HILL D			
		WHAT COUNTRY?						
Sumter, S. C.		U.S.A.		ank Anders				
4A.USUAL OCCUPATION (Give kind of work	14B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	ME			
done during most of working life, even if retired) Laborer			Ame	elia ?				
6. WAS DECEASED EVER IN U.S. ARMED	FORCES?	17. SOCIAL	18. INFORM	MANT			ADDRESS	
Yes, no or unknown) (If yes, give war or dates	or service)	218-05-7072	Mrs	s. Sallie	Anders	son 261	4 Spring	hill Ave
19. 4 = 0) / 4		CAUSE OF DEA						ROXIMATE INTERVA
9/11							BETWE	EN ONSET AND DE
DISEASE OR CONDITION DIREC	CTLY		0	irrhosis	of 1:-			
LEADING TO DEATH		(A)IMMEDIATE C	AUSE		OT TIV	er		
(This does not mean the mode of dy heart failure, asthenia, etc. It means the injury or complication which caused dec	disease,	DUE TO, OR	S A CONSEQ	UENCE OF:			100	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY RISE TO THE ABOVE CAUSE (A) STAT UNDERLYING CONDITION LAST.	, GIVING	(B) DUE TO, OR	AS A CONSEC	QUENCE OF:		***************************************		*****
2		(c)						
II			10000	3,324.				
OTHER SIGNIFICANT CONDITIONS CO	THE TERMINAL							
DISEASE OR CONDITION GIVEN IN PA		***************						
OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	NDITION FOR	WHICH OPERATION WA	S PERFORM	ED			21. AUTOP	SY? (Yes or No)
							no	
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	22B.	PLACE OF INJURY(e.g., , form, factory, street, office	in or about 2 bldg., etc.) It	2C. WHERE DID	(If in Boltimo	re City, give e	xoct location)	
UTING CAUSE OF DEATH.								
OF INJURY (Month) (Doy) (Year		2E.INJURY OCCURRED		2F. HOW DID IN	JURY OCC	JR?		
(APPROX.)	m. V	WHILE AT NOT	WHILE					
23.								
1 certify that I held an I	nquiry 🗌	Inspection 🛣 Aus	opsy 🗌	and that on th	his basis,	death in m	y oplnion	
resulted from: Netural cau		ccident Spicid				ned manner		
	0.1	7		HIEF MEDICAL E				
ACTUAL A LA	MI	///					D	ATE SIGNED
SIGNATURE /	11/6	W M.D	ASSIS	STANT MEDICAL	XAMINER	X		
NAME (Type) Onald	N. Korr	ablum, M.D.	ASSO	CIATE MEDICAL E	XAMINER		1-2	0-71
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24	C. NAME of CEMETERY	or CREMATO	RY 24D.	LOCATION	(City, to	wn, or county)	(Stote)
2 23_7	1	Mt. Auburn				Ba	ltimore	MD
Buria 1-25-7 25A. DATE REC'D BY HEALTH DEPT.		OF REDISTRAR	250 5	UNERAL DIRECTO	O.P.		ADDRESS	TID
JAN 25 1971	200	E. Jankey D. A.					Madison	Avenue
- 13/1	-0-7		Mai	ry-Elizabe	etn La	V 002	Madison	Tiveride
/S 151-REV, 1/1/68								

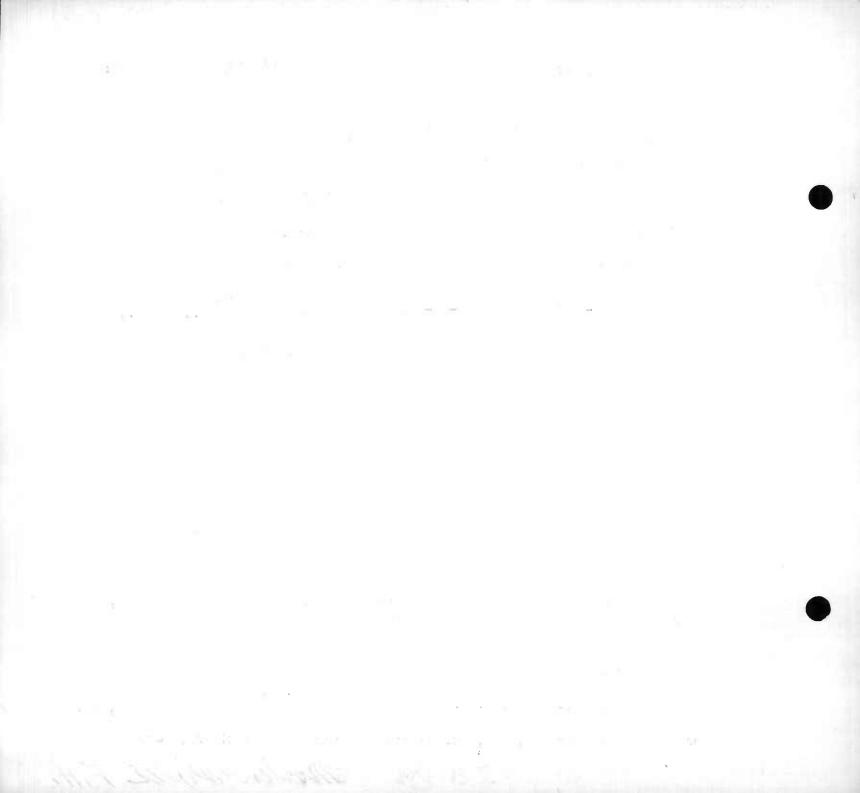


'7	1 0	724		BALTIMO	DRE CITY HE	ALTH DEPAR	RTMENT					
1	ı o	MEL	CAL	FXAMI	NER'S	FRTIFIC	CATE OF	DEAT	ш	71	072	A
BIRTH NC.		7 Y 4 Aug Ea	10/12	-/1/1/11	ALICO (	SCICI II I	CAILOI	DLA	REG. NO.		0/2	1
1. NAME OF	DECEASED	-				2. DATE	Known XX	Month	Doy	Year	Hour	
(Type or Print)	Bo	oker Mi	11er			OF	Estimoled	1	17	71	9:30	D.
4. PLACE IN I	BALTIMORE.	MARYLAND, W	VHERE PRO	NOUNCED I	FAD	3. DATE	Cammored [2]	Month	Doy	Yeor	Hour	P. V
FULL NAME OF							INCED DEAD					
OR INSTITUTION	ÀDD	RESS OR LOCA	(NOIT	TUTION, GIVES				1	17	71	19:30	p.,
OK II SIII SII SI			TT	1		A. STATE	ESIDENCE (Where	deceased	ived. If institution B. COUNTY	n: residence	before odm	ission)
49-10		utheran	Hosp:	Ltai		Md.			b. coolii1	16.	-05	
6. SEX	7. RACE		B. MARRIE	D NEVER	MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?		
male		Negro	WIDOWI	Sepai	Nokes 🗆	Ba1	to.			C	моП	
9. DATE OF B	RTH	10. AGE (1	nyeors	If Under 1 Yr. II	Under 24 Hrs.	1	ND NUMBER		1	ES 📙	NO L	
Sout 7	1012	losi birthdo	y) /	Aonths Doys	Hours   Min.							
Sept. 7.	E/State on for	5		CITITEN	i	230	0 Laurett	a				
1			'	2. CITIZEN OF WHAT COU		13. FATHER'	5 NAME					
Jeffer	rson, S	. C.		U.S.A.		Edga	r Miller					
14A.USUAL OC	CUPATION (C	ive kind of work	148. KIND	OF BUSINESS	OR INDUSTRY	15. MOTHER	S MAIDEN NAM	ME				
Labore		even mened,	248×	22×2822	c	Renth	na Horton					
16. WAS DECE. (Yes, no or unkno	ASED EVER I	N U.S. ARMED			AL	18. INFORM			A	DDRESS		
No No	wn) (if yes, giv	e wor or dotes	of service)		RITY NO.							
119.	0.00	100			USE OF DEA	Heler	Couser -	- 2300	Laurett	a A.e.	PROXIMATE	
2	766	1		CA			,			BETW	EEN ONSET	
DISE		IDITION DIRE	CTLY		Multip	le stab	wounds o	r che	st and a	bdomen		
(***		TO DEATH		(A	IMMEDIATE C	AUSE						
heort loile	s not meon li ure, osthenio, c	ne mode of dy itc. It means the	ing, e.g.,		DUE TO, OR	S A CONSEQ	UENCE OF:				**********	
tnjury or	complication w	hich coused dec	oih.)									
	ANTECEDEN	IT CALLSES			97							
DISEASE	S OP CONDI	TIONS IE ANN	. GIVING	(B)	DUE TO, OR	AS A CONSEC	UENCE OF:					
RISE TO	THE ABOVE O	CAUSE (A) STA	TING THE									
Z	IIIO COND	IIION LASI.		(c	)							
OTHER SING TO THE EDISEASE  20A. DATE		11										
OTHER SI	GNIFICANT C	ONDITIONS CO	ONTRIBUTII	NG LAI								
프 DISEASE	OR CONDITIO	N GIVEN IN PA	ART 1 (A)-	-								
20A. DATE	OF OPERATIO	ON 208. CON	IDITION F	OR WHICH OP	ERATION WA	S PERFORM	ED			21. AUTO	PSY? (Yes	or No)
1000										V	es	
	ERNAL CAUS		22	B. PLACE OF	INJURY(e.g.,	in or obout 22	C. WHERE DID (	If In Boltime	re City, give exc			
	VO∏OR CO		h			bldg., etc.) IN	C. WHERE DID (			/	40	£
Z 22D. TIME	(Month)	(Doy) (Yeor	\ (Haus)		EET		00 Blk. N.			10	-0.4	
OF INJURY	1	17 71		22E. INJURY	OCCURRED.	WALTE - C	tabbed by			ilant		
(APPROX.)	1	1/ /1	0.50	. WORK	AT W	WHILE S	cabbed by	GIIKII	Jwii assa	riant.		
23.												
l ce	ertify that I	held on I	nquiry [	Inspection	on Aut	opsy XX	ond that on th	is basis,	death in my	apinian		
res	ulted from:	Notural gav	ses 🗐	Accident	Suicid	e Hai	micide XX l	Jndetermi	ned monner			
FE BOO			/,	-		_	HIEF MEDICAL E					
ACTU.		XIII	11	INAL	W		TANT MEDICAL EX		ī		DATE SIG	NED
SIGN	INER'S	Peter/L	nkov	CMD	S.M.D.						1/10	/71
	(Type)	I CCCL ()	TPROV.	, 11.0.		ASSO	CIATE MEDICAL EX	KAMINER	XX		1/18	//1
24A. BURIAL CE	REMATION.	24B. DATE		24C. NAME o	CEMETERY	or CREMATO	8V   245	OCATION	ICH: 1		ie.	
REMOVAL (Sp	ecify)									, or county)	(Sto	)Te)
Burial		1-24-7		Hopewel		h Cemet	ery J	effer	son, S.	C.		
25A. DATE REC	D BY HEALTH	DEPT.		ME OF REGIST	RAR	25C. F	UNERAL DIRECTO			DDRESS		
	JAN 2	2 1971	16 Bert	E. 42.6	m 42		···	1. T	000	11		
VS 151-REV. 1/1	/A8	1911	1 1			mary	Elizabet	n Law	802 Ma	alson	Ave.	
· · · · · · · · · · · · · · · · · · ·	144	1 Chill F	2 ( )	Laborator .								





VS 150-REV. 1/1/68



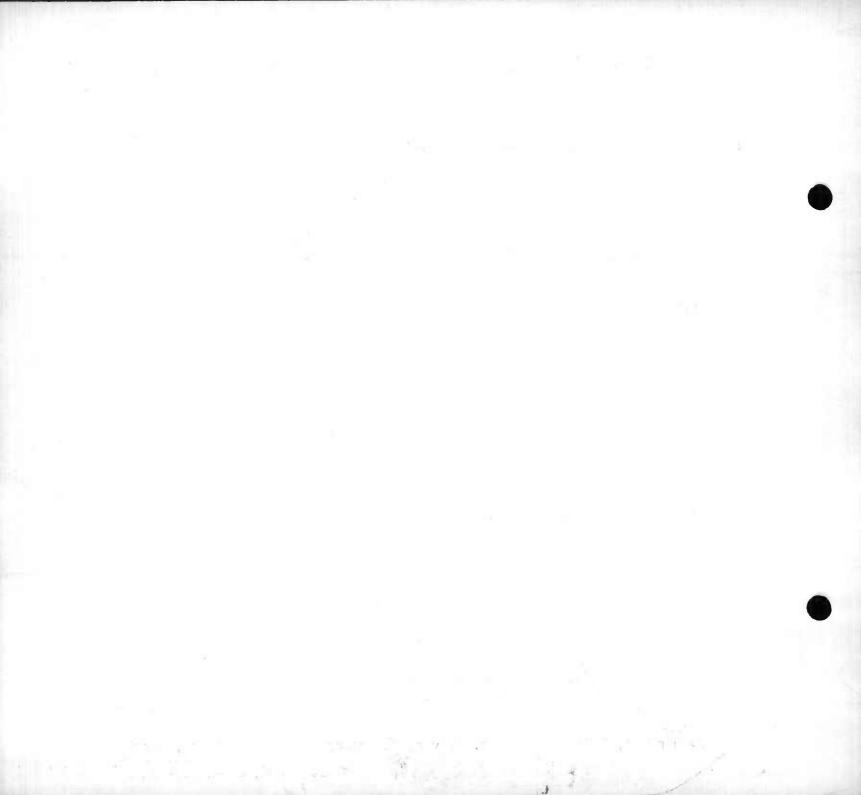
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DIRECTOR:

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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



DIDTIL NIG		MED	ICAL	EV	AMIINEK 3	CEKIIFI	CATE OF	r DE	AIH,	EG. NO.			
I. NAME OF DE	CEACED					U							
(Type or Print)	CEASED	BERTH	ι Α 1 <sub>ν</sub>	ACI	OCH	2. DATE OF	Known 🖹	Mon	th	Day	Year	Hnur	
4. PLACE IN BA	TIMODE MA					DEATH	Estimoted L	Uu	nuary		1971	12:50	PM.
FULL NAME OF						3. DATE	UNCED DEAD	Mon	th	Doy	Year	Hour	
HOSPITAL	ADDRE	SS OR LOCA	TION)	1101101	N, GIVE STREET	1		Ja	nuary	23,	1971	12:50	Рм.
OR INSTITUTION							ESIDENCE (Whe	re deces			: residence b	efare admiss	ian)
2/	Baltin	nore Ci	ty Ho	spi	tal	A. STATE	Maryland	1	В. С	OUNTY	ITim	61-4	
6. SEX	7. RACE				NEVER MARRIED	C. CITY OF			D.	INSIDE CI	TY LIMITS?		
Female	Whit	e	WIDOW	_		500	rows f	20141	7				
9. DATE OF BIRT		IIO. AGE (In			er 1 Yr. II Under 24 Hrs.		AND NUMBER			YE	S	NOL	
9.11	.00	last birthdo		Months	Doys Hours Min.			-					
TO PURTURE A CET	- 66	82					520 Shor	е ко	ad				
11. BIRTHPLACE	otate or lareig	in confity)			HALCOUNTRY?	13. FATHER	- 1	,	0			1.	
	10/9	nd			Poldyd			かか	De	00			
done during most of	PATION (Giv	e kind of work	148. KIND	OF BL	JSINESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN NA	AME				1	
	5+41F			-			Ma	- Y	Ph,	11,1	25		
16. WAS DECEAS	ED EVER IN	U.S. ARMED	FORCES	? 1	7. SOCIAL	IB. INFOR	TAAN	/	/ -//	AI	DRESS	60	
(Yes, no or unknown	(If yes, give v	vor or dotes	of service)		SECURITY NO. 215-63-48948	19-6	enevier	- R	1 . c	200 1000	Store	01772	erreb-
19. // /	17				CAUSE OF DEA		CATTION	P N.	Deen D	04 3 20	DIOFE	PROXIMATE INT	ERVAL
7/1	1						ic cardio	*****	. 1	1.	RETW	EEN ONSET AN	
	E OR COND		CTLY		ALLELIOS	screror	ic cardio	vase	ular	aisea	se		
for	LEADING TO				(A)IMMEDIATE C								
heart foilure	ol meon the c, osthento, etc	. It meons the	diseose,		DUE TO, OR	AS A CONSEC	UENCE OF:						
injury or cor	nplication whi	ch coused dec	olh.)										
A	NTECEDENT	CAUSES			(0)								
DISEASES	OR CONDITIO	ONS. IF ANY	, GIVING		DUE TO, OR	AS A CONSE	QUENCE OF:						
UNDERLYIN	ABOVE CAN	USE (A) STAT	ING THE								50 10		
N N					(c)								
OTHER SIGN TO THE DE DISEASE OR 20A. DATE OF	IIFICANT CON	11	A ITOIDI IV										
O THE DE	ATH BUT NOT	RELATED TO	THE TERMI	NAL NAL									
# DISEASE OR	CONDITION				***************************************					***********		******	
E ZUA. DATE OF	- OPEKATION	1 208. CON	IDITION	OR W	HICH OPERATION WA	AS PERFORM	IED				21. AUTOF	PSY? (Yes or	No)
- 9												No	
	NAL CAUSE		2	228. PL	ACE OF INJURY (e.g.,	in ar obout	2C. WHERE DID	(il in Bo	ltimore Cit	y, give exo	t location)		
UNDERLYING UTING CA				iom e, n	orm, loctory, street, office	e blag., etc.) I	ATORT OCCUR?						
≥ 22D. TIME		oy) (Yeor	) (Hour	) 22E	INJURY OCCURRED	- 2	2F. HOW DID IN	VJURY C	OCCUR?				
OF INJURY					ILE AT NOT	WHILE							
23,				m. WO	KK L AT W	ORK							
I cert	Ify that I h	eld on I	nquiry [	1	nspection X Au	topsy 🗌	and that on	this has	sis deat	h In my	oninion		
	ted fram: N		-							-	-		
16301	7	ditirol con	- A	Acc	Ident Sulcid		micide L			monner L	_		
ACTUAL	X	/ .	11/1	1/	11		CHIEF MEDICAL					DATE SIGN	ED
SIGNAT		nog	111	lh	W.D	ASSI	STANT MEDICAL	EXAMIN	IER X				
EXAMIN	1/	onald	E. Ko	rnb.	lum, M.D.	ASSC	CIATE MEDICAL	EXAMIN	IER 🗌	Janu	lary 2	4, 1971	L
NAME (1	ype)												
24A. BURIAL CREI		4B. DATE	1	24C.	NAME of CEMETERY	or CREMATO	RY 24D	. LOCAT	ION	City, town,	or county)	(Stote	)
Burio	1	1/27/	171	1	toly Koszry	1 Court	Tery	Bul	17,4	11-1	. 17	15-V/2	rd.
25A. DATE REC'D	BY HEALTH	DEPT:	258. NA	AME O	F. RECKTRAR		UNERAL DIRECT	TOR	-	ΔΓ	DRESS	House,	516
	AN 25	9079	PR	3.8	Salley KD	C	42-185	L. 5	1-1	145 F	unerul	House	, + 40,
1	COURT IN SE	· Mari	777	1		20	7 756	IE	15/	Feri	AY	enur	
VS 151-REV. 7/1/68	3	di.				. 0	करवा प्रद						

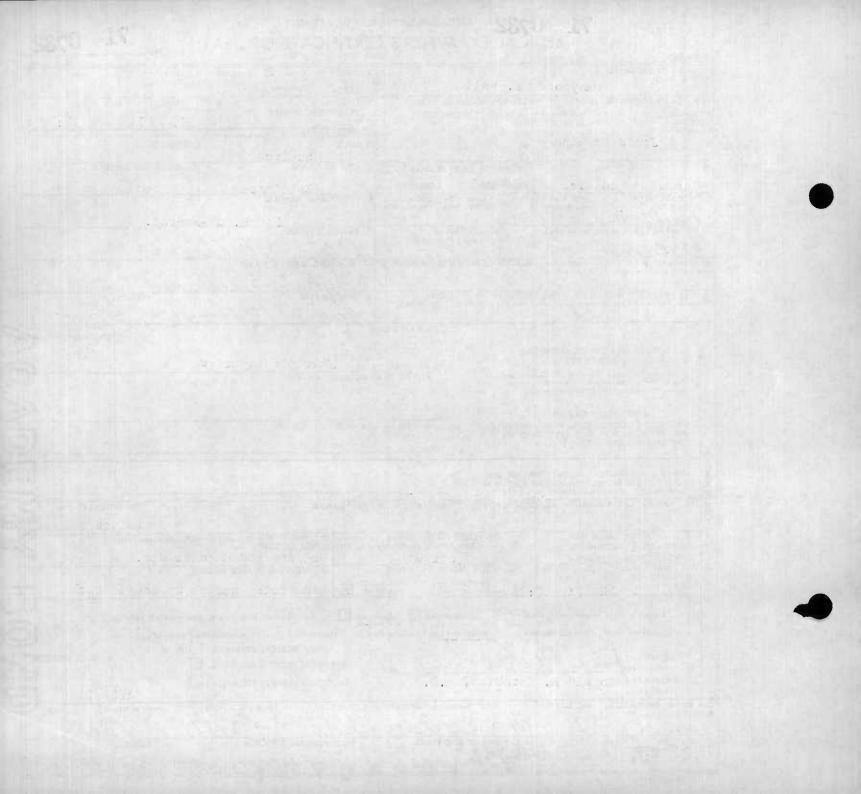
Tohn DEC Mary Phillips 20-12-1894 The Generics Bloom Rage month is ELECTION OF COURT OF STREET

BIRTH NO.	74(1	-DICA	L LYWMIIATK 2	CLKIII	ICATE OF	DEATI	REG. NO.			
1. NAME OF DEC	EASED RAVMO	ND P	ERTICONE	2. DATE OF	Known 🗆	Month	Day	Year	Hour	
				DEATH	Estimoted					M.
FULL NAME OF			PRONOUNCED DEAD	3. DATE	DUNCED DEAD	Month	Doy	Yeor	Hour	
HOSPITAL OR INSTITUTION	ADDRESS OR LO	CATION)	STITUTION, GIVE STREET		RESIDENCE (When	Januar	· /		3:15	P <sub>M</sub>
00	3008½ Hami1	ton Av	renue	A. STATE	Maryland		B. COUNTY	27.	-44	,
6. SEX	7. RACE	8. MAR	RIED NEVER MARRIED	C. CITY O			D. INSIDE CIT	Y LIMITS?	11	
Male	White	WIDO	WED DIVORCED		Baltimore		YE	s 🛛	No 🗆	
Pugust 14.	lost birt	(In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	E. STREET	3008 1/2	H	mi//	v 4	Avei	nue
II. MRTHPLACE(S	Mary larg	7	12. CITIZEN OF WHAT COUNTRY?	13. FATHE	R'S NAME	.010	PerTi	C694	P	
14A.USUAL OCCU	PATION (Give kind of w	ork 148. KIN	D OF BUSINESS OR INDUSTR	Y 15. MOTH	ER'S MAIDEN NA	ME	<u></u>			
Chi P	vorking life, even If retire	1 200	Thehen STeel Cor.		Jose,	04149	Per	Tico	np	
16. WAS DECEAS	ED EVER IN U.S. ARA	AED FORCE	S? 17. SOCIAL	18. INFOR						
(Tes, no or unknown)	(Il yes, give wor or do	les of servic	SECURITY NO.	Jeses	4 Pertib	Bone.	912 D	extra	.T6 #	1
19.4/2	. 4.		CAUSE OF DEA	TH	. / 0	*	7.2 0	AP	PROXIMATE IN	TERVAL
DISEAS	E OR CONDITION DI	PECTIV	Arterios	cleroti	ic cardiov	ascular	diseas		EEN ONSET AI	ND DEATH
	LEADING TO DEATH	RECILI	(A)IMMEDIATE	~ A LISE						
(This does n	ot mean the made of osthenia, etc. It means	dying, e.g.,	DUETO OR	AS A CONSE	QUENCE OF:					
	plication which coused									
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DISEASES O	OR CONDITIONS IF	NY, GIVING	DUE TO, OR	AS A CONS	EQUENCE OF:					
I UNDERLYIN	ABOVE CAUSE (A)	TATING THE								
<u>ō</u>	- 11		(c)							
O THE DEA	IFICANT CONDITIONS ATH BUT NOT RELATED CONDITION GIVEN IN	TO THE TERM	MINAL							
20A. DATE OF			FOR WHICH OPERATION W	AS PERFORI	MED			21. AUTO	PSY? (Yes o	r No)
Ö										
22A. EXTERI	NAL CAUSE WAS		228. PLACE OF INJURY (e.g.,	In or obout	22C. WHERE DID	(If In Boltimore	City, give exac	l location)	No	
	OR CONTRIB-		home, form, foctory, street, offic	e bldg., etc.)	INJURY OCCUR?					
		'ear) (Hou	22E.INJURY OCCURRED		22F. HOW DID IN	JURY OCCU	R?			
OF INJURY (APPROX.)				WHILE						
23.			III. TORK	OKK L						
I certi	fy that I held on	Inquiry	Inspection K Au	top sy	and that an t	his basis, a	death in my	pinian		
result	ed fram: Natural c	auses 🔽	Accident Suicid	le 🗌 H	amicide 🔲	Undetermin	ed manner			
	V	10	1/1/		CHIEF MEDICAL	EXAMINER				
ACTUAL SIGNATU	IRE A lace	of Vi	Karb M.D	ASS	ISTANT MEDICAL	EXAMINER	X		DATE SIGN	IED
EXAMINI NAME (T	R'S Ronald	E. Ko	ornblum, M.D.	•	OCIATE MEDICAL	EXAMINER	] Jan	uary 2	24, 19	71
24A. BURIAL CREA	AATION, 248. DATE		24C. NAME of CEMETERY	or CREMAT	ORY 24D.	LOCATION	(City, town,	or county)	(Stot	e)
REMOVAL (Specif	2/ // 2	-6/71	New Cathed				Timere		25-41	i.d
25A. DATE REC'D	17 A 25 197	1 258.	AME OF REGISTRAR	25C.	FUNERAL DIRECT	OR STEV	145 FU		Home	, I'm
VS 151-REV. 1/1/68	7.00	-1		- U	1 1304	pas	100	/7 6	726	

Pagelo Fastions Jumphing Perticent

MILINGAL EXAMINER 3	CEDITIEIC ATE OF DEATH
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 71 0731
1. NAME OF DECEASED So 4 00 400	2. DATE Known Month Day Year Hour
(Type or Print) William / Loewe	OF DEATH Estimoted   M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HO SPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 1 22 71 8:05 P
OR INSTITUTION	5. USUAL RESIDENCE (Where deceased lived. # institution; residence before admission)
O 2226 Frederick Ave.	Maryland B. COUNTY 20-04
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C, CITY OR TOWN D. INSIDE CITY LIMITS?
male white WIDOWED DIVORCED	Baltimore YES NO D
9. DATE OF BIRTH 110. AGE (In years   If Under 1 Yr. If Under 24 Hrs.	
Feb. 3, 1909 last birthdoy) 6/ Months, Days, Hours, Min.	2226 Frederick Ave.
11. BIRTHPLACE(State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME
Mary land WHAT COUNTRY?	George W. Loewe.
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	15. MOTHER'S MAIDEN NAME
Teacher Johns Hopkins Unis	Mae Schoeler
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(II yes, give wor or doles of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
No - 218-36-336	William Gossage Belte Md. 21207
19. CAUSE OF DEA	
DISEASE OR CONDITION DIRECTLY	
	CAUSE Fatty Metamorphosis of Liver
heort loilure, osthenio, etc. It means the disease, Injury or complication which coused death.)	AS A CONSEQUENCE OF:
AAIVEGESTAIT GAAGGE	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, OR	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISPASS OR CONDITION GIVEN IN BAPT 1 (A)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	AS PERFORMED   21. AUTOPSY2 (Yes or No.)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
27A EYTERNIAL CAUSE WAS 1228 BLACE OF INHURY/CO.	yes
27A EYTERNIAL CAUSE WAS 1228 BLACE OF INHURY/CO.	
Z2A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIB- UTING ☐ CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour)   22E, INJURY OCCURRED	In or obout 22C, WHERE DID (II in Boltimore City, give exoct location) bidg., etc.) INJURY OCCUR?
Z2A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) (22E.INJURY OCCURRED OF INJURY (APPROX)	in or obout 22C. WHERE DID (II in Boltimore City, give exoct location) bidg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?
Z2A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Monih) (Doy) (Year) (Hour) (Year) WHILE AT NOT	in or obout 22C, WHERE DID (II in Boltimore City, give exoct location) bidg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	In or obout 22C, WHERE DID (II in Boltimore City, give exoct location)  be bldg., etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT WORK NOT AT V	in or about 22C, WHERE DID (II in Boltimore City, give exact location)  bidg., etc.) INJURY OCCUR?  WHILE  topsy  ond that on this basis, death in my opinion
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection Auresulted from: Natural causes Accident Suicides	in or obout 22C, WHERE DID (II in Boltimore City, give exoct location)  bidg., etc.) INJURY OCCUR?  WHILE  topsy ond that on this basis, death in my opinion  the Homicide Undetermined monner  CHIEF MEDICAL EXAMINER
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection Auresulted from: Natural causes Accident Suicide ACTUAL	yes  In or obout 22C, WHERE DID (II in Boltimore City, give exoct location)  bidg., etc.) INJURY OCCUR?  WHILE  22F. HOW DID INJURY OCCUR?  topsy  ond that on this basis, death in my opinion  topsy  Ond that on this basis, death in my opinion  CHIEF MEDICAL EXAMINER  DATE SIGNED
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Monih) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection Auresulted from: Natural causes Accident Suicides  ACTUAL SIGNATURE	In or obout 22C, WHERE DID (II in Boltimore City, give exoct location)  bidg, etc.) INJURY OCCUR?  WHILE VORK  topsy ond that on this basis, death in my opinion  the Homicide Undetermined monner  CHIEF MEDICAL EXAMINER  DATE SIGNED
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection Auresulted from: Natural causes Accident Suicide ACTUAL SIGNATURE  EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	In or obout 22C, WHERE DID (II in Boltimore City, give exoct location)  bidg, etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  WHILE VORK  topsy ond that on this basis, death in my opinion  the Homicide Undetermined monner CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER 1/23/71
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT WORK AT V  23.  1 certify that I held on Inquiry Inspection Auresulted from: Natural causes Accident Suicide  ACTUAL SIGNATURE EXAMINER'S Paneld N. Kornhlum M.D.	in or obout 22C, WHERE DID (II in Boltimore City, give exoct location)  bidg, etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  topsy ond that on this basis, death in my opinion  the Homicide Undetermined monner City of the Medical Examiner ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 1/23/71
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection Au resulted from: Natural causes Accident Suicid  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY  Burial  24C. NAME of CEMETERY	In or obout 22C, WHERE DID (II in Boltimore City, give exoct location)  bidg, etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  WHILE VORK  topsy ond that on this basis, death in my opinion  the Homicide Undetermined monner CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER 1/23/71
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection Au resulted from: Natural causes Accident Suicid  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  22A. BURIAL CREMATION. 124B. DATE  22B. PLACE OF INJURY(e.g., home, lorm, foctory, street, office home, lorm, foctory, street, office white of course in the course of	In or obout 22C, WHERE DID (II in Boltimore City, give exoct location)  bidg, etc.) INJURY OCCUR?  22F. HOW DID INJURY OCCUR?  WHILE VORK  topsy ond that on this basis, death in my opinion  the Homicide Undetermined monner CHIEF MEDICAL EXAMINER  ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER 1/23/71
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.)  1 certify that I held on Inquiry Inspection Au resulted from: Natural causes Accident Suicid  ACTUAL SIGNATURE EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  24C. NAME of CEMETERY  Burial  24C. NAME of CEMETERY	In or obout 22C, WHERE DID (II in Boltimore City, give exoct location)    Debidg, etc.)   INJURY OCCUR?

H-400 71 0732 BALTIMORE CITY HEA MEDICAL EXAMINER'S C	LTH DEPARTMENT ERTIFICATE OF DEATH REG. NO.	71 0732
BIRTH NO.		
I, NAME OF DECEASED (Type or Print)	2. DATE Known Month Day	Year Hour
Raymond W. Hall	DEATH Estimoted	M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	PRONOUNCED DEAD 1 23	71 12:20 a
HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION		100.
33 Johns Hopkins	5. USUAL RESIDENCE (Where deceased lived, if institution A, STATE  B. COUNTY	on; residence before odmission)
55 doing hopking	Maryland	6-04
6. SEX 7. RACE 8. MARRIED NEVER MARRIED		CITY LIMITS?
male   colored   WIDOWED   DIVORCED		YES NO
9. DATE OF BIRTH   10.AGE (In years   If Under 1 Yr. If Under 24 Hrs.   Months, Doys, Hours, Min.	E. STREET AND NUMBER	
(1210, 76 16 16 11	214 N. ChesterSt	
	13. FATHER'S NAME	
D WHAT COUNTRY?	and Illinen	
Dallemore Hax NIST	Call Milliana	7
A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	13. MUINER'S MAIDEN NAME	
	Sulvey WIN HOUR	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT	ADDRESS //
(Yes, no or unknown) (II yes, give yor or dotes of service) SECURITY NO.	Il . Illillenne	1
110	since wellow	Mille
19. 5- 8/4/1/1 CAUSE OF DEAP	A	APPROXIMATE INTERVAL
DISTANCE OF CONTRICTOR PROCESSIV		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AUSE Multiple injuries	
(A)IMMEDIATE C		
heart failure, asthenia, etc. It means the disease,	S A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANIXECTORNIX CALIFEE		
ANTECEDENT CAUSES  (B)  DUE TO OR A	S A CONSEQUENCE OF:	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	o A Consequence of	Marie Control of the
UNDERLYING CONDITION LAST.		
<u> </u>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA		
	2 PEKPOKMED	21. AUTOPSY? (Yes or No)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	5 PERFORMED	21. AUTOPSY? (Yes or No) yes
₹ 22A. FXTERNAL CAUSE WAS 122B. PLACE OF INTURY/o g. i	n or about 22C. WHERE DID (II in Soltimore City, give e	yes
₹ 22A. FXTERNAL CAUSE WAS 122B. PLACE OF INTURY/o g. i	n or obout 22C. WHERE DID (II in Boltimore City, give e bldg., etc.) INJURY OCCUR?	yes xoct location)
228. PLACE OF INJURY(e.g., in home, lorm, foctory, street, office utiling ☐ cause of Death.	n or obout 22C. WHERE DID (II in Boltimore City, give e bldg, etc.) INJURY OCCUR?  Orleans and Chester St	yes xoct location)
22B. PLACE OF INJURY(e.g., in the control of the c	n or obout 22C. WHERE DID (II in Boltimore City, give e bldg, etc.) INJURY OCCUR?  Orleans and Chester St 22F. HOW DID INJURY OCCUR?	yes xoct location)
22B. PLACE OF INJURY(e.g., in home, lorm, foctory, street, office utiling a cause of death.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED.  WHILE AT NOT	n or obout 22C. WHERE DID (II in Boltimore City, give e INJURY OCCUR?  Orleans and Chester St 22F. HOW DID INJURY OCCUR?	yes xoct location)
Z2A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB.  UNDERLYING CAUSE OF DEATH.  Z2D. TIME (Month) (Doy) (Year) (Hour)   22E.INJURY OCCURRED OF INJURY (APPROX.)   1 22 71 10:15p m.   WORK   NOT WORK   N	n or obout 22C. WHERE DID (II in Boltimore City, give e bidg., etc.) INJURY OCCUR?  Orleans and Chester St 22F. HOW DID INJURY OCCUR?	yes xoct location)
22B. PLACE OF INJURY(e.g., in home, lorm, foctory, street, office utiling a cause of death.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT WORK AT WORK  23.	n or obout 22C. WHERE DID (II in Boltimore City, give e bldg., etc.) INJURY OCCUR?  Orleans and Chester St  22F. HOW DID INJURY OCCUR?  WHILE DECEMBER DID (II in Boltimore City, give e bldg., etc.)  Orleans and Chester St  22F. HOW DID INJURY OCCUR?	yes xoct location) s. panel truck
22B. PLACE OF INJURY(e.g., in home, form, foctory, street, office units of injury (approx.)  22D. TIME (Month) (Doy) (Year) (Hour) (Approx.) 1 22 71 10:15p m. WORK AT WORK  1 certify that I held an Inquiry Inspection Aut	on or obout 22C. WHERE DID (II in Boltimore City, give e bldg., etc.) INJURY OCCUR?  Orleans and Chester St  22F. HOW DID INJURY OCCUR?  WHILE DECEMBER DID (II in Boltimore City, give e bldge, etc.)  Per Orleans and Chester St  22F. HOW DID INJURY OCCUR?  Pedestrian struck by page of that an this basis, death in many struck by page of the control of	yes  xoct location)  s.  panel truck  y opinion
22B. PLACE OF INJURY(e.g., in home, lorm, foctory, street, office utiling a cause of death.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED WHILE AT WORK AT WORK  23.	on or obout 22C. WHERE DID (II in Boltimore City, give e bldg., etc.) INJURY OCCUR?  Orleans and Chester St  22F. HOW DID INJURY OCCUR?  WHILE DECEMBER DID (II in Boltimore City, give e bldge, etc.)  Per Orleans and Chester St  22F. HOW DID INJURY OCCUR?  Pedestrian struck by page of that an this basis, death in many struck by page of the control of	yes  xoct location)  s.  panel truck  y opinion
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTION OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 1 22 71 10:15pm. WHILE AT WORK AT WORK  1 certify that I held an Inquiry Inspection Autresulted from: Natural causes Accident Suicide	on or obout 22C. WHERE DID (II in Boltimore City, give e bldg., etc.) INJURY OCCUR?  Orleans and Chester St  22F. HOW DID INJURY OCCUR?  WHILE DECEMBER DID (II in Boltimore City, give e bldge, etc.)  Per Orleans and Chester St  22F. HOW DID INJURY OCCUR?  Pedestrian struck by passy   and that an this basis, death in m	yes xoct location) ss.  panel truck y opinion
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 1 22 71 10:15p m. WORK NOT NOT WORK  I certify that I held an Inquiry Inspection Autresulted from: Natural causes Accident Suicide  ACTUAL	n or obout 22C. WHERE DID (II in Boltimore City, give e bidg., etc.) INJURY OCCUR?  Orleans and Chester St  22F. HOW DID INJURY OCCUR?  WHILE Dedestrian struck by pedestrian struck by pedestrian struck by pedestrian struck by pedestrian characteristics.  apsy and that an this basis, death in medical Undetermined manner CHIEF MEDICAL EXAMINER	yes xoct location) cs. panel truck y apinion
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 1 22 71 10:15p m. WORK NOT NOT NOT YEAR OF THE NOT YEAR	n or obout 22C. WHERE DID (II in Boltimore City, give e bidg., etc.) INJURY OCCUR?  Orleans and Chester St 22F. HOW DID INJURY OCCUR?  WHILE pedestrian struck by passy and that an this basis, death in me Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	yes xoct location)  ss.  panel truck y opinion
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 1 22 71 10:15p m. WORK NOT	n or obout 22C. WHERE DID (II in Boltimore City, give e bidg., etc.) INJURY OCCUR?  Orleans and Chester St  22F. HOW DID INJURY OCCUR?  WHILE Dedestrian struck by pedestrian struck by pedestrian struck by pedestrian struck by pedestrian characteristics.  apsy and that an this basis, death in medical Undetermined manner CHIEF MEDICAL EXAMINER	yes    vest   ve
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED. OF INJURY (APPROX.) 1 22 71 10:15pm. WHILE AT NOT AT WORK  23.  I certify that I held an Inquiry Inspection Autresulted from: Natural causes Accident Suicide.  ACTUAL SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)	n or obout 22C. WHERE DID (II in Boltimore City, give e bldg, etc.) INJURY OCCUR?  Orleans and Chester St  22F. HOW DID INJURY OCCUR?  pedestrian struck by particles and that an this basis, death in me  Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER	yes    yes   xect location)   S.
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY (APPROX.) 1 22 71 10:15pm. WHILE AT WORK AT WORK  1 certify that I held an Inquiry Inspection Aut resulted from: Natural causes Accident Suicide  ACTUAL SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D. NAME (Type)  24A. BURIAL CREMATION, 24B. DATE	n or obout 22C. WHERE DID (II in Boltimore City, give e bldg, etc.) INJURY OCCUR?  Orleans and Chester St  22F. HOW DID INJURY OCCUR?  Pedestrian struck by paper of the bolt	yes    vest   ve
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED.  OF INJURY (APPROX.) 1 22 71 10:15p m. WHILE AT WORK AT WORK AT WORK ALL SIGNATURE EXAMINER'S RONald N. Kornblum, M.D.  EXAMINER'S RONald N. Kornblum, M.D.  NAME (Type)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	n or obout 22C. WHERE DID (II in Boltimore City, give e bldg, etc.) INJURY OCCUR?  Orleans and Chester St  22F. HOW DID INJURY OCCUR?  pedestrian struck by particles and that an this basis, death in me  Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER	yes    yes   xect location)   S.
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 1 22 71 10:15p m. WHILE AT WORK  1 certify that I held an Inquiry Inspection Aut resulted from: Natural causes Accident Suicide  ACTUAL SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D. EXAMINER'S Ronald N. Kornblum, M.D. EXAMINER'S RONALD NATE REMOVAL (Specify)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  ACLIANT OF THE CONTRIB.  1 certify that I held an Inquiry Inspection Aut Accident Suicide  M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  ACLIANT OF THE CONTRIB.  1 certify that I held an Inquiry Accident Suicide  ACTUAL SIGNATURE EXAMINER'S RONALD N. KORNBlum, M.D.  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  ACTUAL SIGNATURE  EXAMINER'S RONALD N. KORNBLUM  M.D.  24C. NAME of CEMETERY OF THE CONTRIB.  ACTUAL SIGNATURE  EXAMINER'S RONALD N. KORNBLUM  M.D.  ACTUAL  ACTUAL  SIGNATURE  EXAMINER'S RONALD N. KORNBLUM  M.D.  ACTUAL  ACTUAL  ACTUAL  ACTUAL  ACTUAL  SIGNATURE  EXAMINER'S RONALD N. KORNBLUM  M.D.  EXAMINER'S RO	n or obout 22C. WHERE DID (II in Boltimore City, give e bidg., etc.) INJURY OCCUR?  Orleans and Chester St  22F. HOW DID INJURY OCCUR?  Pedestrian struck by paper of the bolt	yes    yes     xoct location     Ss.     panel truck     y apinion     DATE SIGNED     1/23/71     wn, or county   (Stote)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED.  OF INJURY (APPROX.) 1 22 71 10:15p m. WHILE AT WORK AT WORK AT WORK ALL SIGNATURE EXAMINER'S RONald N. Kornblum, M.D.  EXAMINER'S RONald N. Kornblum, M.D.  NAME (Type)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	n or obout 22C. WHERE DID (II in Boltimore City, give e bldg, etc.) INJURY OCCUR?  Orleans and Chester St  22F. HOW DID INJURY OCCUR?  pedestrian struck by particles and that an this basis, death in me  Hamicide Undetermined manner  CHIEF MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER	yes    yes   xect location)   S.
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 1 22 71 10:15p m. WHILE AT WORK  1 certify that I held an Inquiry Inspection Aut resulted from: Natural causes Accident Suicide  ACTUAL SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D. EXAMINER'S Ronald N. Kornblum, M.D. EXAMINER'S RONALD NATE REMOVAL (Specify)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  ACLIANT OF THE CONTRIB.  1 certify that I held an Inquiry Inspection Aut Accident Suicide  M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  ACLIANT OF THE CONTRIB.  1 certify that I held an Inquiry Accident Suicide  ACTUAL SIGNATURE EXAMINER'S RONALD N. KORNBlum, M.D.  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  ACTUAL SIGNATURE  EXAMINER'S RONALD N. KORNBLUM  M.D.  24C. NAME of CEMETERY OF THE CONTRIB.  ACTUAL SIGNATURE  EXAMINER'S RONALD N. KORNBLUM  M.D.  ACTUAL  ACTUAL  SIGNATURE  EXAMINER'S RONALD N. KORNBLUM  M.D.  ACTUAL  ACTUAL  ACTUAL  ACTUAL  ACTUAL  SIGNATURE  EXAMINER'S RONALD N. KORNBLUM  M.D.  EXAMINER'S RO	n or obout 22C. WHERE DID (II in Boltimore City, give e bidg., etc.) INJURY OCCUR?  Orleans and Chester St  22F. HOW DID INJURY OCCUR?  Pedestrian struck by paper of the bolt	yes    yes     xoct location     Ss.     panel truck     y apinion     DATE SIGNED     1/23/71     wn, or county   (Stote)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 1 22 71 10:15p m. WHILE AT WORK  1 certify that I held an Inquiry Inspection Aut resulted from: Natural causes Accident Suicide  ACTUAL SIGNATURE EXAMINER'S Ronald N. Kornblum, M.D. EXAMINER'S Ronald N. Kornblum, M.D. EXAMINER'S RONALD NATE REMOVAL (Specify)  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  ACLIANT OF THE CONTRIB.  1 certify that I held an Inquiry Inspection Aut Accident Suicide  M.D. 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  ACLIANT OF THE CONTRIB.  1 certify that I held an Inquiry Accident Suicide  ACTUAL SIGNATURE EXAMINER'S RONALD N. KORNBlum, M.D.  24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  ACTUAL SIGNATURE  EXAMINER'S RONALD N. KORNBLUM  M.D.  24C. NAME of CEMETERY OF THE CONTRIB.  ACTUAL SIGNATURE  EXAMINER'S RONALD N. KORNBLUM  M.D.  ACTUAL  ACTUAL  SIGNATURE  EXAMINER'S RONALD N. KORNBLUM  M.D.  ACTUAL  ACTUAL  ACTUAL  ACTUAL  ACTUAL  SIGNATURE  EXAMINER'S RONALD N. KORNBLUM  M.D.  EXAMINER'S RO	n or obout 22C. WHERE DID (II in Boltimore City, give e bidg., etc.) INJURY OCCUR?  Orleans and Chester St  22F. HOW DID INJURY OCCUR?  Pedestrian struck by paper of the bolt	yes    yes     xoct location     S .     panel truck     y apinion     DATE SIGNED     1/23/71     wn, or county   tstote



-	111	71	Ora 22	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH N			0/33	CERTIFICA	TE OF DEATH	REG. NO	71 1733
1. NAME	Print) A	DRIN	751	150	2. DATE	AND HOUR OF DEATH	1 1/
3. PLACE	E IN BALTIMOR	E MARYLAND,	WHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (WI	/-22-7/ here deceosed lived. If in	astitution: residence before admission
FULL NA HOSPITA INSTITUT	AL UK	IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTITUT (ATION)	TION, GIVE STREET	A. STATE B. COL Rearyland C. CITY OR TOWN	INTY	9-02 IDE CITY LIMITS?
44	1 Unios	i Grem	orial s	Hospital	Bal Linsue E. STREET AND NUMBER 1615 Rab	worth k	VES NO D
5. SEX	6. RA	CE	7. MARRIED TO	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	I If Hades 1 Vs. II Hades 24 M
M	1	w	WIDOWED		3-14-96	lost birthday)	If Under 1 14. Il Under 24 H Months Doys Hours Min.
IOA, USU	AL OCCUPATIO	ON (Give kind of wor	IND OF		11. BIRTHPLACE (Stole or lo	reina coustor)	12. CITIZEN OF WHAT COUNT
done durin	RED - T	lile, even if refired)		ATIONAL BAN		•	21.5.A.
13. FATH	ER'S NAME		1100	The Court	14. MOTHER'S MAIDEN N	AME	1 01.0.7/2
		· Zelle			morry .	Bennel	
15. Was I (Yes, no or	Deceased Ever in runknown) (If yes	n U. S. Armed For s, give wor ar date	rces? es of service)	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
No				47-14-1968	MRS. AUDREY	S. ZECLE	(SAME)
18.	62.1	1		CAUSE OF DEAT	H		APPROXIMATE INTERVAL
1	DISEASE OR	CONDITION DI	RECTLY				BETWEEN ONSET AND DEA
		ING TO DEATH	•	(A) IMMEDIATE CAL	USE Broker LAGA	Con ne lu	4
haart	tailure, asther	an the mode of nio, etc. Il means	s the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	Heart Fai	1
injury	y ar camplication	an which caused	death.)			realt for	leve
	ANTEC	EDENT CAUSES	5	dan)	Burne		
DISE	ASES OR CO	NDITIONS, II	any, giving	(B) DUE TO, OR AS	Bron chogen	e Carre	sma
rise	lo the aba	ve cause (A)	slating the			inoperacle,	)
OND	PEREITING CON	IDITION last.		(c)	***************************************		
Z	D CLCANIFICATION	11					
E TO TH	HE DEATH BUT!	CONDITIONS CO	HE TERMINAL				
DISEA	ASE OR CONDITI	ON GIVEN IN PAR	RT 1 (A).	IICH OPERATION	20A. AUTOPSY? (Yes or N	all DAR IR Van human	
E		WAS PER	FORMED	THE OF EXAMINATION	OCA .	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
Ü 21A.	ACCIDENT WA	S UNDERLYING CAUSE OF	21B, P	LACE OF INJURY (e.g., I	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	fif to Boltimor	e City, give exact location)
DEAT	H (natify medical	CAUSE OF all axomines	home,	form, factory, street, at	flice bldg., INJURY OCCUR?	ht in polimor	e only, give exoct tocollon;
21D.T		h) (Day) (Yearl	(Haud 21 E. 11	NJURY OCCURRED	015 110 110 110 110		
S OF IN	LJURY	ii (Duy) (reuii		At Not While	21F. HOW DID IN	JURY OCCUR?	
(APPR	(OL)		Wark	At Not While At Work			
22. 1	certify that (	) (this hospital	l) attended the	deceased from	1-15-	19 <u>Z / ta</u>	1-22 19 7/
that (	(1) (we) last s	ow the decease	ed alive an	1-22	19_Z/ and +	hat In (mv) (our) and	nlan death accurred on the de
and h	haur and from	the causes stor	ted above. (1) (	(We) (did) (did med) -	lew the bady after death.	Tank obu	could account on the Co
	IGNATURE			Taray (are not) v	ine bon't ditet degili-		23B, DATE SIGNED
	Su a	apeiga		4- D Atte	nding Med.	Staff 15216	
23C. P	HYSICIAN'S	7-1-		DEGREE Phys	L □ Director □	Shaff Phys.	1-22-71
N	HAME (Typel	IELY K	IAPIZ,		23D. ADDRESS	in due me	riel Harrito
24A. BURI	IAL CREMATION			AE of CEMETERY OF CRE	MATORY 24D. I	LOCATION (Cit	y, town, or county! (Stotel
	rial	1/25/7					
			T I MO	odlawn	B8	altimore Co	ounty, Md.
IMA	E REC D BI PIP.	ALTH DEPT.					
JAN	25 197	Robart &	25B, NAME OF	REGISTRAR		& Sons Co	4905 York Rd.

	RTH NO.	m1 · 7 / 1	TE OF DEATH	REG. NO.	71 0734
(T	NAME OF DECEASED PRINTS ARRY F.		JMANN 2. DATE AN	D HOUR OF DEATH	1115/4
4	PLACE IN SAMMORE MARYLAND, WHERE PR	EE INDEED	A. STATE B. COUN  C. CITY OR TOWN	D. INSID	itution: residence before admission)    2 - 0   E CITY LIMITS?  YES   NO
	world seen .	Harrial	E STREET AND NUMBER	y War	
	M WIDO		3 6 RU	6	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
00	A. USUAL OCCUPATION (Give kind of work 108, KIN ne during most of working life, even it relired)  TRUST DEPT FATHER'S NAME	SAFE DEPOSI	New york	•	12. CITIZEN OF WHAT COUNTRYS
	Touch Extenses	BAUMANN	14. MOTHER'S MAIDEN NAM	A.E.	
15.	Wos Deceased Ever in U. S. Armed Forces? es, no or unknown) (II yes, give wor or dotes of serv		17. INFORMANT	our D.	Charles Hafb.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH				
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)  (A) IMMEDIATE CAUSE  DUE 10, OR AS A CONSEQUENCE OF:				
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving rise to the obave cause (A) stoling the UNDERLYING CONDITION lost.  (B)  DUE TO, OR AS A CONSEQUENCE OF:  (C)				
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).				
ERTIFICA	194. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN	IDINGS CONSIDERED
N N	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(If In Baltimore C	City, give exoci location)
MEDIC	21D-TIME (Month) (Doyl (Yeo) (Hour) OF INJURY (APPROX.)	While At Work At Work	21F. HOW DID INJU	RY OCCUR?	
	22. I certify that (1) (this hospital) attended the deceased from 1971 to 1971 that (1) (the) last saw the deceased alive on 1971 and that in (my) (ow) opinion death occurred on the date				
	ond hour ond from the causes stoted obove 234. SIGNATURE	(I) (Me) (did) (did not) vi		hoff phys.	SB. PATE SIGNED
24	A BURIAL CREMATION, 248. DATE 24	Nou, h.D. DEGREE	VIN Charles	Gen. Hos	4/00/
	REMOVAL (Specify)	c.name of cemetery of creations can be considered by the contraction of creating the contract of creating the creating		, , , ,	town, or bounty) (Stote)
J 25.	AN 25 1971 P.B. S. Jak	ME OF REGISTRAR	H. W. Jenkins		APDRESS HOOK Rd.
VS	150-REV. 1/1/68	/ 500000			

Charles S. Springate, M.D. January 21, 1971 NAME (Type) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24B. DATE 24D. LOCATION (Cily, lown, or county) (Siole) REMOVAE (Specify) JECONMOUNI BALTO. 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 151-REV. 1/1/68

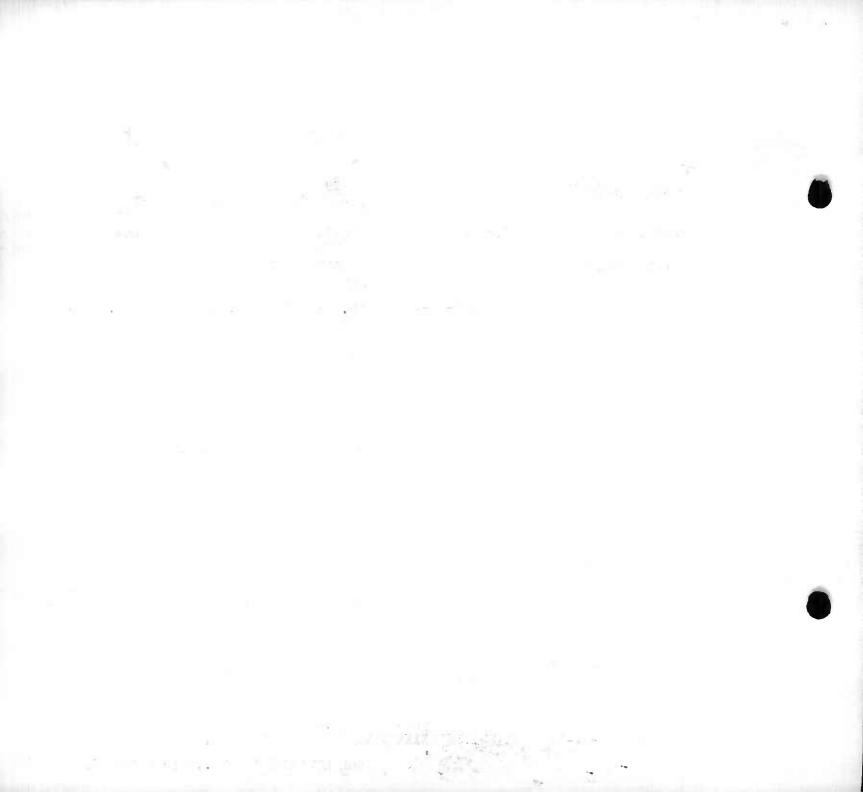
DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE. **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER Ronald N. Kornblum, M.D. January 24, 1971 NAME (Type) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY or CREMATORY 24B. DATE 24D, LOCATION (City, town, or county) (Stote) REMOVAL (Specify) DUKIAL 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR, 25C. FUNERAL DIRECTOR ADDRESS VS 151-REV. 1/1/68

(121	BALTIMORE CITY	HEALTH DEPARTMENT		• •
BIRTH NO.  I. NAME OF DECEASED  71  0737	CERTIFICA	TE OF DEATH	REG. NO	71 0737
(Type of Print)	hena	\ \ \	D HOUR OF DEATH	2. 0151
3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNC	ED DEAD	4. USUAL RESIDENCE (Where	deceased lived. Il incl	titution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)		MARYLAND C. CITY OR TOWN	BALTIMON	
SINAL HOSPITTAL OF BALTIMORE,		BALTIMORE	i	YES NO
42	INC	E. STREET AND NUMBER	burne Roas	1
Male 6. RACE 7. MARRIED N	NEVER MARRIED X	8. DATE OF BIRTH	AGE (In years	If the same of the
THE STREET	DIVORCED [	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	A 14	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUS done during most of working life, even if retired)	INESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreig	n country)	12. CITIZEN OF WHAT COUNTRY
MERCHANT RETAIL	L	BALTIMORE, MAR	YLAND	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		0071
MORRIS GOLDBERG		KATIE COHEN		
	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO 23	30-07-1915	MRS. SARA C. LII	PSITT, 3321	SHELBURNE RD. #8
18,4-10,91	CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Vent	ticular fi	brillation	BETWEEN ONSET AND DEATH
This does not mean the made of duing an	(A) IMMEDIATE CAUS	E CONSEQUENCE OF:		
heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.)			-	
ANTECEDENT CAUSES	Myoc	ardial In-	faretinn	
DISEASES OR CONDITIONS, if any, giving	(B)	A CONSEQUENCE OF:	0//0/1	
rise to the obave cause (A) stating the UNDERLYING CONDITION last.	(c)	CONSEQUENCE OF:		
ll ll	(~/************************************			
O THE SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	******************			*********
19A-DATE OF OPERATION 19R CONDITION FOR WHICH WAS PERFORMED	H OPERATION	20A. AUTOPSY? (Yes or No)	20 R. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
OR CONTRIBUTING CAUSE OF home, for DEATH inatify medical examiner	E OF INJURY (e.g., in m, factory, street, affi	or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(li in Balilmore C	City, give exoci location)
21D-TIME (Month) (Doy) (Year) (Haur) 21E INJU OF INJURY	RY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
iAPPROXJ While At Work	Not While			
22. I certify that (4) (this hospital) attended the de-		Jan 17 19	7/ to 04	1h. 2/ 19.2/
that (4) (we) last sow the deceased alive on	Jan-21	19.7/ ond that	in (my) (our) opinio	an death accurred on the date
and hour and from the couses stoted above. (1) (We	) (did) (d <del>id n</del> ot) vie	w the bady ofter death.		
23A. SIGNATURE	MA		23	BR DATE SIGNED
your sunshine	DEGREE Phys.	ding Med. St	off D	Jan. 21, 1971
23C. PHYSICIAN'S NAME (Type)	= M-D 23	1 -1		- BALTIMORE, WE
24A. BURIAL CREMATION, 124B. DATE 124C. NAME O	DEGREE OF CREM	elvedere in loke	enspring A	ves, Baltimore, Md
The type (specify)			,	town, or county) (Stote)
25A. DATE REC'D SY HEALTH DEPT. 25B. NAME OF REG	AMUNO (ARL		TIMORE, MARY	
IAN 26 1977 P.B. B. S. Se. Be.	<b>松</b> 真()	SOL LEVINSON &	BROS.,6010	REISTERSTOWN ROAD
VS 150-REV, 1/1/6B	100	10,00		

ABO TRANSPORT STATES 45 -1 John Comment of the Comment of 

mer and the second seco

16 DEA	BALTIMORE CIT	Y HEALTH DEPARTMENT		171 A
0-250 '71 0738. BIRTH NO.  1. NAME OF DECEASED		TE OF DEATH	REG. NO.	71 0738
(Type or Print) BIEGUIV, JA	3/00		D HOUR OF DEATH	
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO		215	Jan. 197	1 11. 45 A. illusion: residence beloro admission
FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION)		A. STATE 8, COUN  C. CITY OR TOWN	D. INSID	E CITY LIMITS?
Sinai Hospital of BALTION	ORE INC.,	E. STREET AND NUMBER	1 1	YES NO .
5. SEX 6. RACENWHITE 7- MARRIED	NEVER MARRIED			II Under 1 Yr II Under 24 Hr
MALE XXXXXXXX WIDOWED	DIVORCED	5/00/98	last birthday	Il Under 1 Yr. Il Under 24 Hr Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working life, even if retired)	BUSINESS OR INDUSTRY	11 BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTS
REPAIRMAN LEA'	THER GOODS	POLAND		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
CHARLES BIEGUN		MARY ?		
5. Was Deceased Ever In U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
NO .		MRS. MIGNON SOB	ER. 3306 NER	AK RD.
18. 4/19	CAUSE OF DEATH		, 5500 MBR	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		70.2		BETWEEN ONSET AND DEA
LEADING TO DEATH	ANNUMEDIATE CAU	or A. Is Museum die	1 = 2 - 60 -	d 21 days.
1This does not meon the made of dying, e.g., heort foilure, asthenia, etc. Il means the disease,	DUE TO, OR AS	SE Acade Myocardio A CONSEQUENCE OF: Card	rozenzow an	a ways.
injury or complication which caused death.)		and and	rogen & shoe	K .
ANTECEDENT CAUSES	14		•	
DISEASES OR CONDITIONS, it any, giving	(B)	A CONSEQUENCE OF:	werler Diseane	- 10 - 15 1/25-
rise to the above cause (A) stating the	DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING CONDITION last	(c)	*****************		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	Gantoint	things harment	76	6 days.
194 DATE OF OPERATION TOR CONDITION FOR W				
WAS PERFORMED		20 A. AUTOPSY? (Yes or No)	IN CERTIFYING CAUS	ES OF DEATH?
Descriptions medical examines	PLACE OF INJURY (e.g., in e, form, foctory, street, of	or obout 21 C. WHERE DID	(If In Boltimore C	City, give exoct location)
	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
IAPPROX.) While Work	e Al Work			
22. 1 certify that (1) (this hospital) attended th	At Work			
they (1) (was) least any (1) the nospital) attended the	e deceased fram	19 - 31 - 1	7 <u>0</u> to	1 - 2/- 192/
that (i) (we) last saw the deceased alive on	1 - 2		t in(my) (aur) opinio	on death occurred an the da
and have ond from the causes stated above. (1)	(We) (did) (did not) vi	ew the bady after death.		
23A. SIGNATURE	· ·		23	B, DATE SIGNED
Fronad.	Atten	ding Med. S	haff N	121/71
23C. PHYSICIAN'S P. PRASAD	2	SINCE HOSPITAL OF		-///
	ME of CEMETERY of CRE	MAJORY 24D. LO		
	RESSIVE XXXXX		EDALE, MARYL	fown, or county) (State) AND
JAN 26 HOT BE SEE	THE O			REISTERSTOWN ROAL
S 150-REV. 1/1/68				



24C. NAME of CEMETERY or CREMATORY

BOBROISKER BENEFICIAL

24D, LOCATION

25C. FUNERAL DIRECTOR

ROSEDALE, MARYLAND

SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

(City, town, or county

ADDRESS

(Stote)

NAME (Type)

25A. DATE REC'D BY HEALTH DEPT.

24A. BURIAL CREMATION,

REMOVAL (Specify)

VS 151-REV. 1/1/68

BURTAL

<u>Isidore Mihalakis</u>

24B. DATE

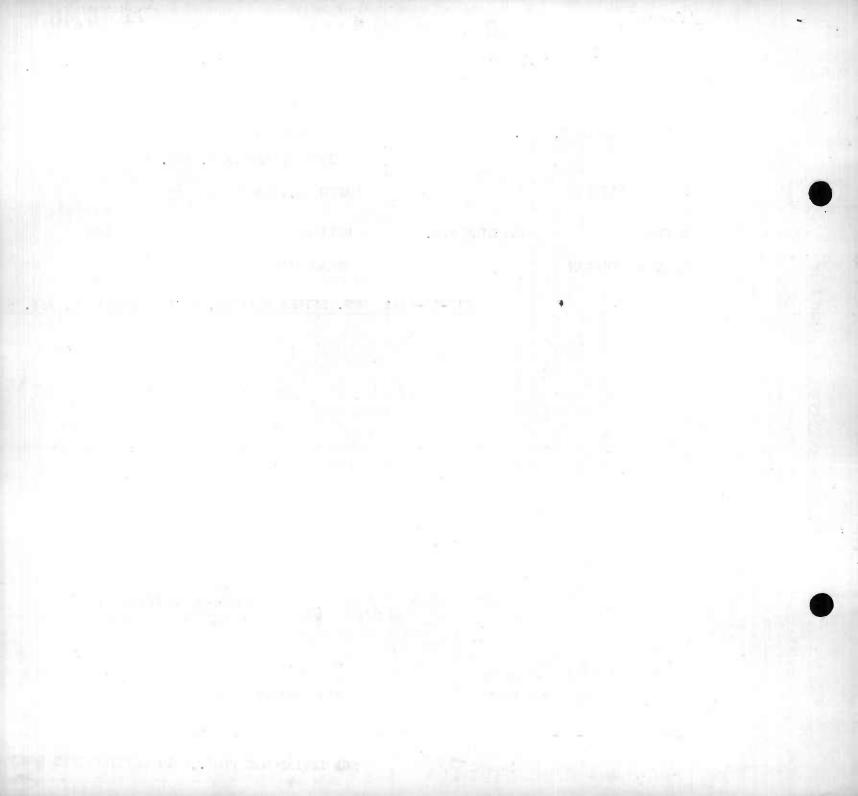
1-22-71

letter from M.E. Office 111 Penn St. Stating father was Married.

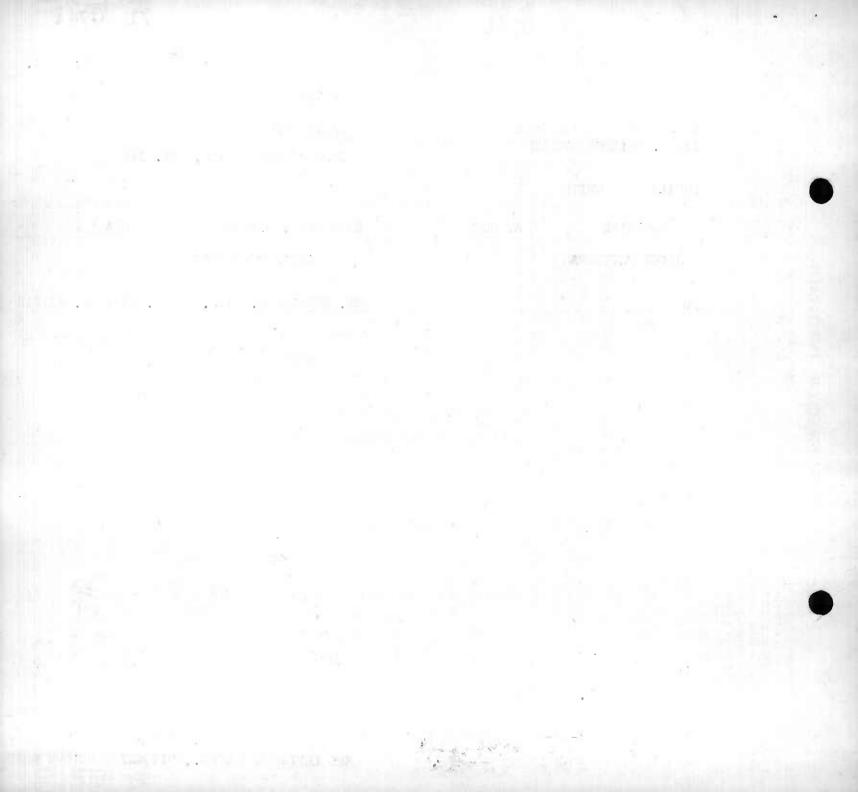
ALTHOUGH WARHTON E.

ord-an-an-an-arthree fundamental and antique fell and

1	1			BALTIMORE CITY	HEALTH DEPARTMEN	T	71	Grido
BIRTH NO	135	71	0740	CERTIFICA	TE OF DEAT	H REG. N	10	0740
1. NAME ( Type or P	OF DECEASED	ABRAHAM (	GOLDMAN	Dept. H.		UARY 19, 1		10:35 P. M
3. PLACE	IN BALTIMORE	MARYLAND, W	HERE PRONOL	JNCED DEAD			d. If institution; re	sidence before admission)
FULL NA HOSPITAL	L OR A DI	NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STREET	MARYLAND C. CITY OR TOWN	OUNTY	O. INSIDE CITY LI	27-20 MITS?
	21 CLARKS	LANE, A	PT. B		BALTIMORI E. STREET AND NUMB		YES 🔀	NO 🗌
0	00				3921 CLA	RKS LANE, A	PT. B	
5. SEX	6. RACE		7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year lost birthday)	rs If Under	1 Yr. If Under 24 Hrs. Doys Hours Min.
MA	LE WHI	TE	WIDOWED		MARCH 26,18	38	82	Doy's Hours Will.
	L OCCUPATION		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign country)		EN OF WHAT COUNTRY
RE'	TIRED R'S NAME	, even in remed)	CLOTHI	NG MFG.	POLAND	NAME		USA
TC	ADODE GOI	DALANT						
	ADORE GOL		?	16. SOCIAL	SARAH JACO	00		ADDRESS
Yes, no or	unknown) (1) yes,	give wor or dote	s of service)	SECURITY NO.				
NO		- 1	,	212-10-8848		GOLDMAN, 39	21 CLARKS	S LANE, APT.
DISEA isse UND	ANTECEI ASES OR CON Io The above ERLYING COND R SIGNIFICANT CO HE DEATH BUT NO SE OR CONDITION	DENT CAUSES DITIONS, if couse (A) ITION last.  II DINDITIONS COLOTRELATED TO THE	ony, giving stating the NTRIBUTING	(B) DUE TO, OR AS (C) Passible	A CONSEQUENCE OF:	Co to p	bura	To you
			DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYIN	WERE FINDINGS IG CAUSES OF E	CONSIDERED DEATH?
_ OR C	ACCIDENT WAS ONTRIBUTING [] H (notily medical	CAUSE OF		PLACE OF INJURY (e.g., in e, form, foctory, street, of	or obout 21 C. WHERE D	D (If in B	saltimore City, give	e exoct locotion)
OF IN	JURY	(Doy) (Yeor)		INJURY OCCURRED  le At Not While k At Work	• 🗖	INJURY OCCUR?	/	
and h 23A. S	(I) we) last say	w the decease sea causes state	d alive aned abave. (1	OEGREE Phys	nding Med. Director C	Staff Phys.		th accurred on the date
		BERNARD		DEGREE	3809 CLAR	Section 1		
REM	AL CREMATION, OVAL (Specily) RIAL	1-21-71		TIMORE HEBREW		BALTIMORE,	(City, town, o	r county) (State)
11	REC'D BY APA	T PAJ	E Tab	F REGISTRAT	SOL LEVINSO	N BROS.,	6010 REIS	TERSTOWN ROAD



1	/ ,	_		BALTIMORE CITY	HEALTH DEPARTMENT		701 A A	
BIRTH	1-34	71	0741	CERTIFICA	TE OF DEATH	REG. NO	71 0741	
	ME OF DEC	BERTHA HET	TLEMA	N		ARY 20, 1971	8:15	A. M.
3. PL.	ACE IN BAL	TIMORE, MARYLAND, W	HERE PROP	OUNCED DEAD	4. USUAL RESIDENCE (WHA. STATE B. COU	ere deceased lived. If in:	stitution: residence before adm	ission)
HOSE	NAME OF	(IF NOT IN HOSPITA	AL OR INS	TITUTION, GIVE STREET	MARY LAND		13-07 DE CITY LIMITS?	
		EN NURSING HO	ME		BALTIMORE		YES NO	
UP TO S		ELROSE AVENUE			E. STREET AND NUMBER 3939 ROLAND	AVENUE, APT.		
5. SEX	,	6. RACE	7		B. DATE OF BIRTH	9. AGE (In years	-	4.11
F	EMALE	WHITE	WIDOW			TO	Months Doys Hours	Min.
		UPATION (Give kind of work working lile, even if retired)	10B. KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	reign country)	12. CITIZEN OF WHAT CO	UNTRY?
	HOUSE	EWIFE	AT H	OME	Baltimore, Man	*	USA	
130 FA		HETTLEMAN				ETTLEMAN		
15. W	os Deceosed	Ever in U. S. Armed Ford	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
		tir yes, give wor or dole:	s or service	SECURITY NO.	MIC DOCALLE U	OTTO 010 E	41c+ C+ #21	210
NO 118		12 671	_	CAUSE OF DEATH		, UITU, 810 E	APPROXIMATE INTE	
	7/1	SE OF CONDITION OF	CTI V	2/	in une Carlin-	Voscular	BETWEEN ONSET AND	
	DISEA	SE OR CONDITION DIR LEADING TO DEATH	ECILY	Jag par an	15	see and	6 years	
C	This daes i	nat mean the made of	dying, e.	(A) IMMEDIATE CAU	SE A CONSEQUENCE OF:			
		asthenio, etc. It means		se,	CONSEQUENCE OF		,	
"			deom./		***			
	ANTECEDENT CAUSES (B)							
		OR CONDITIONS, if a abave cause (A)		3	A CONSEQUENCE OF:			
		G CONDITION lost.	sioning i	(c)				
		11						
≓ Te	O THE DEAT	FICANT CONDITIONS CON H BUT NOT RELATED TO TH ONDITION GIVEN IN PART	IE TERMINA					
			DITION FO	R WHICH OPERATION	20A. AUTOPSY? (Yes or h	20B. IF YES, WERE F	INDINGS CONSIDERED	
D 2	A. ACCIDE	NT WAS UNDERLYING	12	1B. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)	
CAL	R CONTRIBI	TING CAUSE OF	l:	ome, form, foctory, street, of	fice bldg., INJURY OCCUR?			
	D. TIME	(Month) (Day) (Peor)	(Hour) 2	TE. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
5 0	F INJURY			While At Not While	•			
2	0 1	.1				10 70 . 1	way 20 197	11
				the deceased from ADA	7 . 7/	19 70 to Jac		
		lost saw the decease					nion deoth occurred on th	e date
0	nd hour on	d from the causes stat	ed obove.	. (f) (We) (did) (did\not) v	iew the body ofter death	•		
23	A. SIGNATE	IRE 1	,	. M.D.		00 111 30	23 B. DATE SIGNED	
	(1)./	rollon 7	bors	Phys	nding Med.	Staff Phys.	Jacoury 20, 19	271
23	C. PHYSICIA	N'S		UEGREE	23D. ADDRESS		1	
	NAME (T	W. GRAFT	TON HE	RSPERGER	MEDICAL ART	S BUILDING	V	
24A	BURIAL CRE	MATION, 24B. DATE	245	NAME of CEMETERY of CRE			ly, town, or county) (S	tote)
	REMOVAL (	Specify)				-53/11011	77	
	URIAL	1-21-71		HEBREW FRIENDSH		LTIMORE, MARY	LAND	
25A.	DATE REC'D	BY WANTH DEPT.	25B. NAM	E OF REGISTRAR	24C. FUNERAL DIRECTO	E RPOS 6010	REISTERSTOWN	ROAD
	IAN 26	1071 12.26	Edel	Les ACD	PAL PEATMOON	d pros. 'colf	METOTEROIONA	NOAD
VS 15	0-REV. 1/1/	68 197 3						



Min.	-		BALTIMORE CITY	HEALTH DEPARTMENT		And a
SIRTH NO.	71	0742	CERTIFICA	TE OF DEATH	REG. NO	71 0742
Type or Print)	sphie M	ergen	stern	2. DATE/	and Hour of DEATH	730 A N
3. PLACE IN BALT	MORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WI	here deceased lived. If in	nstitution: residence before odmission
FULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland C. CITY OR TOWN		27-20 IDE CITY LIMITS?
311011014				Baltimore		YES X NO
The Jo	hns Hopkin	s Hosp	ital		n Mil <b>E</b> Lan	e
SEX	6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
Female	White	WIDOWED	DIVORCED	XXXXXXXXX	9. AGE (In years lost birthdoy) 775	
	orking life, even if retired)	AT HO		11. BIRTHPLACE (Stote or fo		12. CITIZEN OF WHAT COUNTR
3. FATHER'S NAM				14. MOTHER'S MAIDEN N	AME	
CHAIM	KZimmerman				RXXXXXXXXXXXX	?
	Ever in U. S. Armed For (If yes, give wor or dote		1 6. SOCIAL	17. INFORMANT		ADDRESS
NO	in yes, give wor or dote	o or service/	218-22-9805	MD HEDOLD MODE	CENSTERN ROY	43A, RT. 2, MONKTON
18 6 09	77 . 7 .	E 0 37	CAUSE OF DEAT		JENOTEICT, DOI	APPROXIMATE INTERVAL
DISEASES OF	NTECEDENT CAUSES  R CONDITIONS, if above cause (A) CONDITION last.	any, giving	(B)	CUP A CONSEQUENCE OF:		
TO THE DEATH	II CANT CONDITIONS CO BUT NOT RELATED TO TO DONDITION GIVEN IN PAR	HE TERMINAL		hageal Con		
19A. DATE OF	OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF	21 B horr etc.	e, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If In Baltimo	re City, give exact location)
_	(Month) (Doy) (Year)	Wh	INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
		Wo		175/	10.7/	40 197/
_	tha (1) this haspital		he deceased fram	1 - 1	that in my) (aur) ap	19 7/ Inian death accurred an the da
and haur and	fram the causes sta	red abave.	(did) (did nat)	view the bady after death	1.	
23A. SION ATUR	Tres	) n	Dh.	ending Med.	Staff Phys.	23B. DATE SIGNED.
23C. PHYSICIAN		111 01	DEGREE PRIV	23D. ADDRESS	broading	4 Baltimon M
4A. BURIAL CREA	AATION, 24B. DATE	24C.N.	AME of CEMETERY OF CR	EMATORY 24D.	LOCATION (8	y, town, or county) (Stote)
BURIAL	1-21-7	1 BE	TH TFILOH	В	ALTIMORE, MA	RYLAND
	BY HEALTH DERT.		REGISTRAR	SOL LEVINSON	& BROS.,601	O REISTERSTOWN ROA
c 160 BEV 1/1/4	D	1				

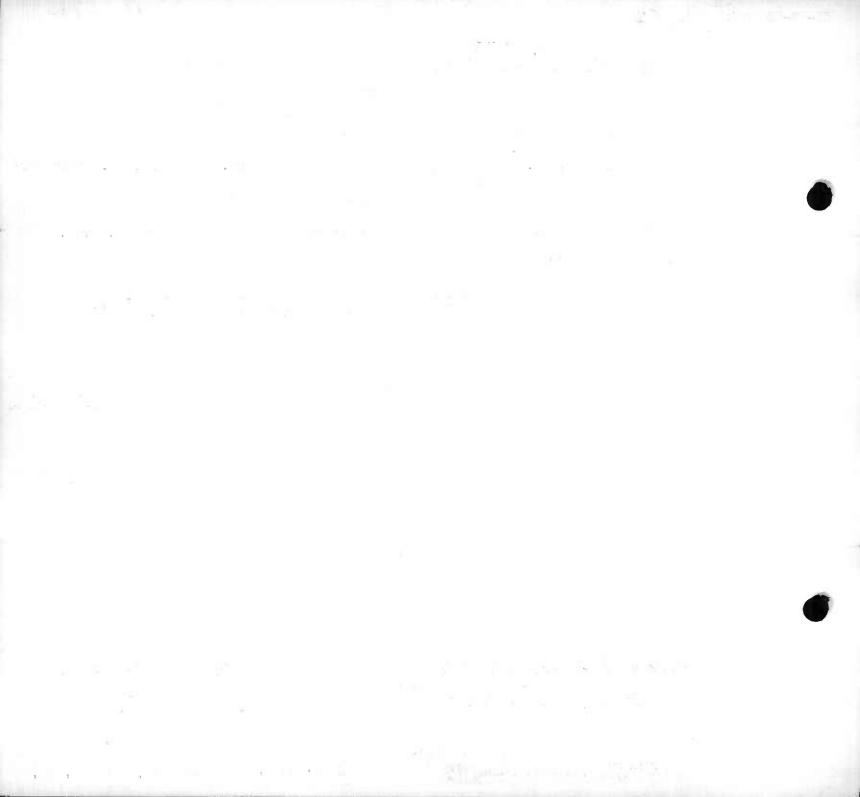
Seven mile Ga

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IMPORTANT

DIRECTOR:

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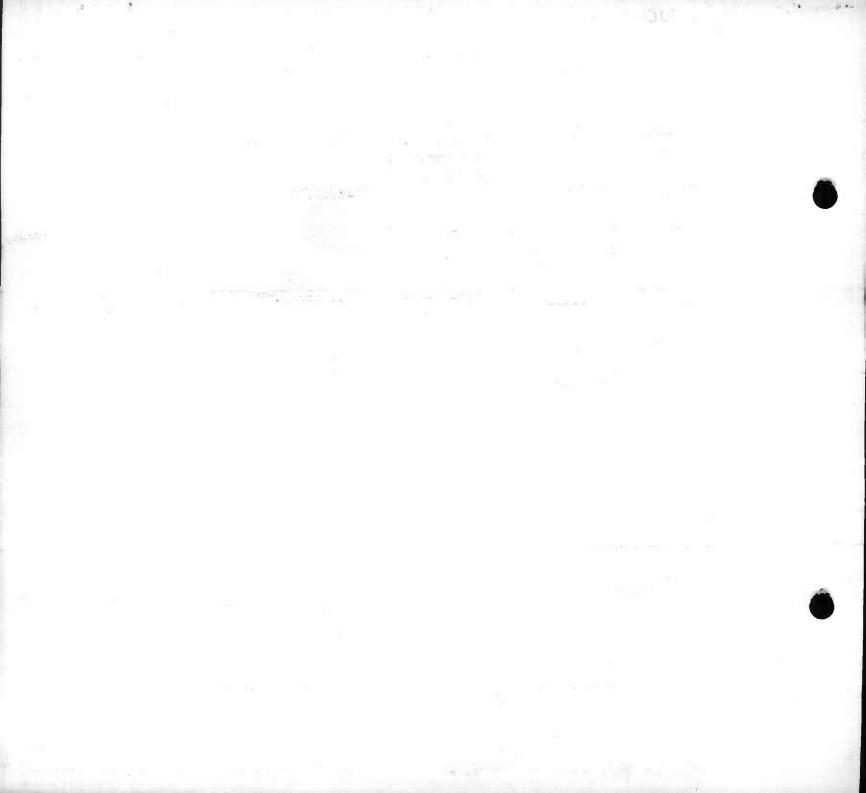
IMPORTANT DIRECTOR: FUNERAL

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimare City, give exact location) and that In(my) (aur) apinian death occurred on the date 23B. DATE SIGNED (City, town, or county) (State) Maryland Loring Byers 18728 Liberty Rd. Randallstown, VS 150-REV. 1/1/68

NO 📉

Hours

If Under 24 Hrs.



IMPORTANT

DIRECTOR:

FUNERAL

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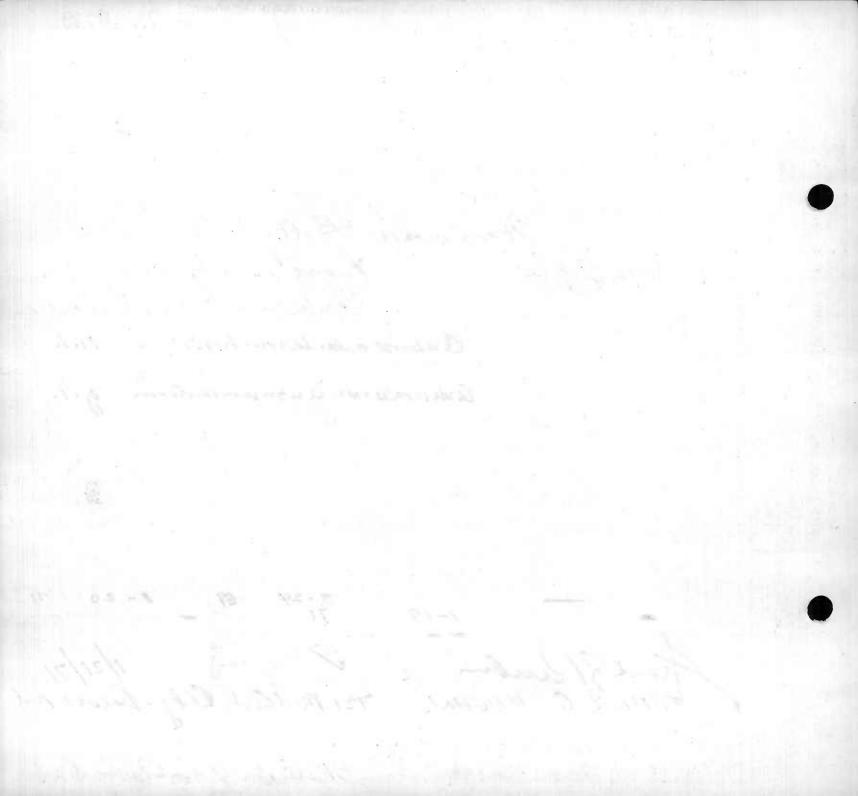
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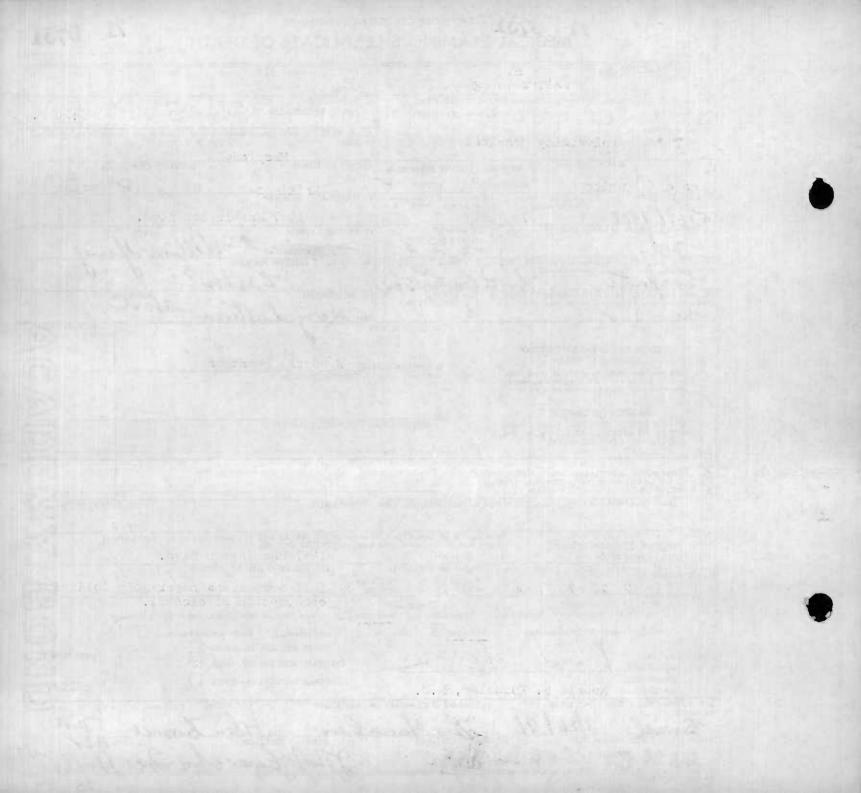
BALTIMORE CITY HEALTH DEPARTMENT



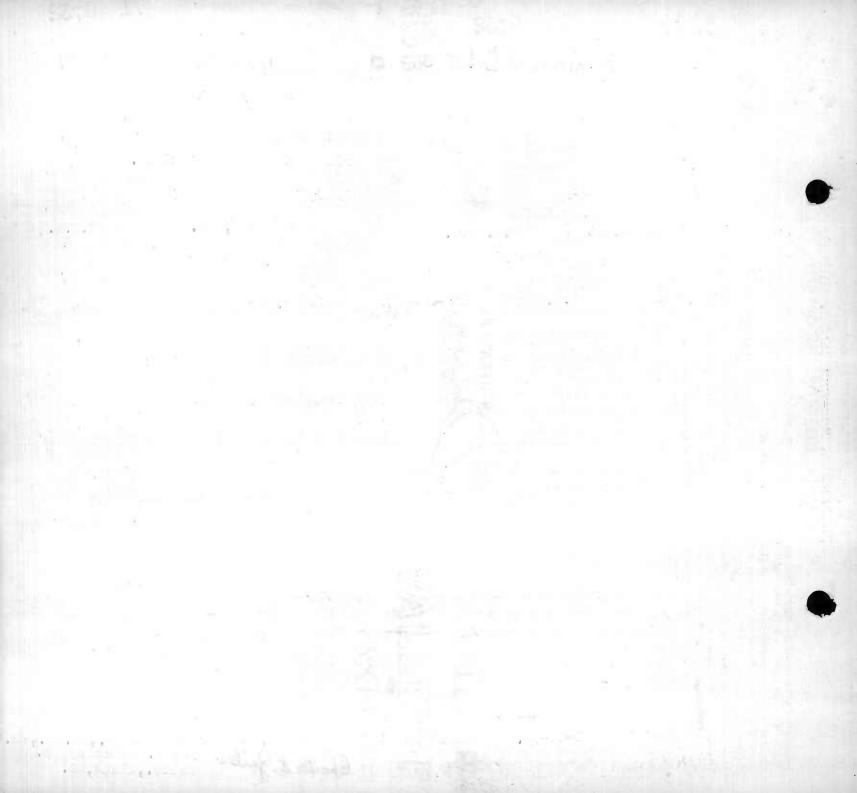
11	V- 050 BALTIMORE CITY HEALTH DEPARTMENT
	BIRTH NO. 71 0750 CERTIFICATE OF DEATH REG. NO. 71 0750
	1. NAME OF DECEASED (Type or Print)  2. DATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE INVESTOR deceased lived. If institution: residence before admission)
	A. STATE B. COUNTY
	FULL NAME OF ADDRESS OR LOCATION)  INSTITUTION  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
4	LUTHERAN HOSPITAL E. STREET AND NUMBER YES & NO [
	E. STREET AND NUMBER
	5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in years lit Under 1 Yr., it Under 24 Hrs. Months; Days; Hours; Min.
-	WIDOWED DIVORCED 1/Q-/3-8
1	dane during most of working lite, even it refired)  RESTRICT AND STRIPPLACE (State or Spreign country)  12. CIYIZEN OF WHAT COUNTRY:
	13. FATHER'S NAME
	VASINSKI
1	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give war or dates of service)  ADDRESS  16. SOCIAL SECURITY NO.
	- 216-07-2383 Lutheran Hospital Records
	DISEASE OR CONDITION DIRECTLY  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH
	heart failure, asthenia, etc. It means the disease.
	injury or complication which caused death.)  ANTECEDENT CAUSES
	DISEASES OR CONDITIONS, if any, giving  DUE TO, OR AS A CONSEQUENCE OF:  DUE TO, OR AS A CONSEQUENCE OF:
	rise to the abave cause (A) stating the UNDERLYING CONDITION last.
	SANGROOD COOL AND THE
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
1	1995 DATE OF OPERATION 1198 CONDITION FOR WHICH OPERATION 1206 AUTOMATION
É	- Collection Courses of Bealth
13	OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)  21B. PLACE OF INJURY league in an about 21 C. WHERE DID (If in Boltimore City, give exact location) (If in Boltimore City, give exact location)
1	210-TIME (Month) (Dayl (Year) (Hour) 21E INJURY OCCURRED 21E HOW DID IN LITER OCCURRED
1	While At Work Not While At Work
	22. I certify that (I) (this hospital) attended the deceased from 1970 to 1971
	that (1) (we) last saw the deceased alive on
	and haur and from the causes stated abave. (i) (We) (did nat) view the bady after death.
	Lungul Jarolla Settle Apending Med. Stoff Director Phys. 23B. DATE SIGNED
	230 PHYSICIAN'S NAME (Type)  230. ADDRESS  230. ADDRESS
2	SONAN VONGLASEMSIRY LUTHERAN MOSP. OF MYD
2.	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 15tote)
25	5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C, EUNERAL DIRECTOR / ADDRESS //
	JAN 26 1971 Reser & Jaben KA DOMAS J. KENNY NC. 600 Hollins
V	\$ 150-REV-1/1/68



resulted from: Natural causes Accident X Sulcide Homicide ... Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER 1/23/71 Ronald N. Kornblum, M.D. NAME (Type) 24A, BURIAL CREMATION. 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, tawn, ar county) (State) REMOVAL (Specily) 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C, FUNERAL DIRECTOR ADDRESS ( char VS 151-REV. 1/1/68



2	BALTIMORE CITY HEALTH DEPARTMENT 71 0752
7 75005	BIRTH NO. 71 0752 CERTIFICATE OF DEATH X REG. NO. TEG. NO.
and and asserted the the	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
de de se	(Type or Print) Domain IC U. DILE GG 1 1/22/7/, at 10:29 . A. M
ath ath	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission)  A. STATE  B. COUNTY
de de de	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)  Maryland Baltimore  COLIN OR TOWN.
h h	HOSPITAL OR ADDRESS OR LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
us ter	Essex YES NO W
ca carrior	The Johns Hopkins Hospital
de a e e e	338 Ida Avenue # 21221.  5. SEX   6. RACE   7. MADDIED   NEVED MADDIED   8. DATE OF BIRTH   9. AGE (In years   If Under 1 Yr. If Under 24 Hrs.
a diricular de	MARKIED   last birthday   Months Days Hours Min.
occontraction occording to the occordinate to the occ	Male White WIDOWED DIVORCED 2/03/27 43
TS Th	dane during mast af warking life, even if retired)
NT  nt if death direct or colling (4) Undeter th was in the deceding the deceding of the decedisposition	Accountant U.S.Govt. Baltimore, Md. U.S.A.
f d ct d c	13. FATHER'S NAME
HHA i i i i i i i i i i i i i i i i i i	Anthony Dileggi Mary Stadter
HA POPE	15. Was Deceosed Ever in U. S. Armed Farces? (Yes, na ar unknawn) (If yes, give war or dates af service)  16. SOCIAL  SECURITY NO.
Kirk de de	Yes U.S. Navy 1296-20-5674 Louise I Delegal
T Pad T	18. 4 / / / APPROXIMATE INTERVAL
Po de la composition della com	DISEASE OR COMPLETON DISECTIVE - NEW
BY B	LEADING TO DEATH  LEADING TO D
	(This does not mean the mode of dying, heart foilure, asthenio, etc. It means the disectiniury or complication which coused death.)
MED OR:	
CTC	ANTECEDENT CAUSES Myraulal march
A A B A A B A B A B A B A B A B A B A B	DISEASES OR CONDITIONS, if ony, give ise to the above couse (A) stating
RECONTRIBLE STATES OF THE CONTRIBUTION OF THE	UNDERLYING CONDITION lost.
S D S S S S S S S S S S S S S S S S S S	
AL AL	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).
A THE STORY	
Sie de de sie	19A. DATE OF OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION YES 19A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
RELEASED FUNER, y the chief rate by a m e; (2) Body I there the plant before the plant before the rate of the r	YES  U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obsut 21C, WHERE DID (II in Bultimore City, give exect location)
The The Co	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obsert of control of cont
N Y Pi	
d k	21D. TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At No. While D
a d d d d d d d d d d d d d d d d d d d	(APPROX.) While At Wark At Wark
bro an	22. I certify that **() (this haspital) attended the deceased from 1/22 19 7/ to 1/22 19 7/
dp 4 dp 1 (6)	that \$\mathsquare{A}\$ (we) last saw the deceased alive an DOA 19 and that in(\(\mathsquare{A}\)) (aur) aplaian death accurred an the date
0 0 5 5 7	and haur and fram the causes stated abave. () (We) (did) (did not) view the bady after death.
	23A. SIGNATURE
	Attending Med. Staff Director Phys. 1/22/71
	23C. PHYSICIAN'S 23D. ADDRESS
cate was r An a prior	NAME TYPE PAUL WHELTON WELL TOTHER HOPKING MECP.
E - 4 - 5	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY CREMATORY 24D, LOCATION (City, town, or county) (State)
oody D.O.	REMOVAL (Specify)
ws:	Burial 1-25-71. Sacred Heart Cemetery 7401 German Hill Rd. Ba. Co., Md.  25A. DATE RIC'D BY HEAVY DEPT. 25C. FUNERAL DIRECTOR 901 S. CONK PRIESSST.
This certifie the body shows: (1) was D.O deceased written a	25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR 901 S. CONK PARESSST.
F + 4 > 0 >	JAN 20 150 Balto., 21224, Md.  VS 150-REV. 1/1/6B
	TW TWO THE TY TO THE





DIRECTOR:

FUNERAL

NOK

Hours

ADDRESS

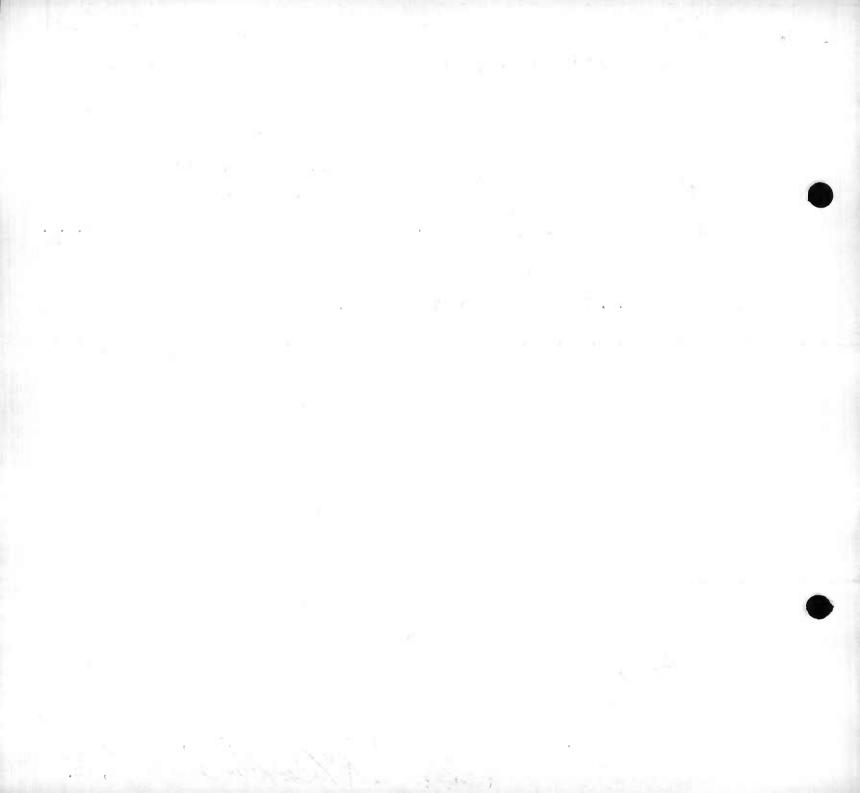
Same As #4

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

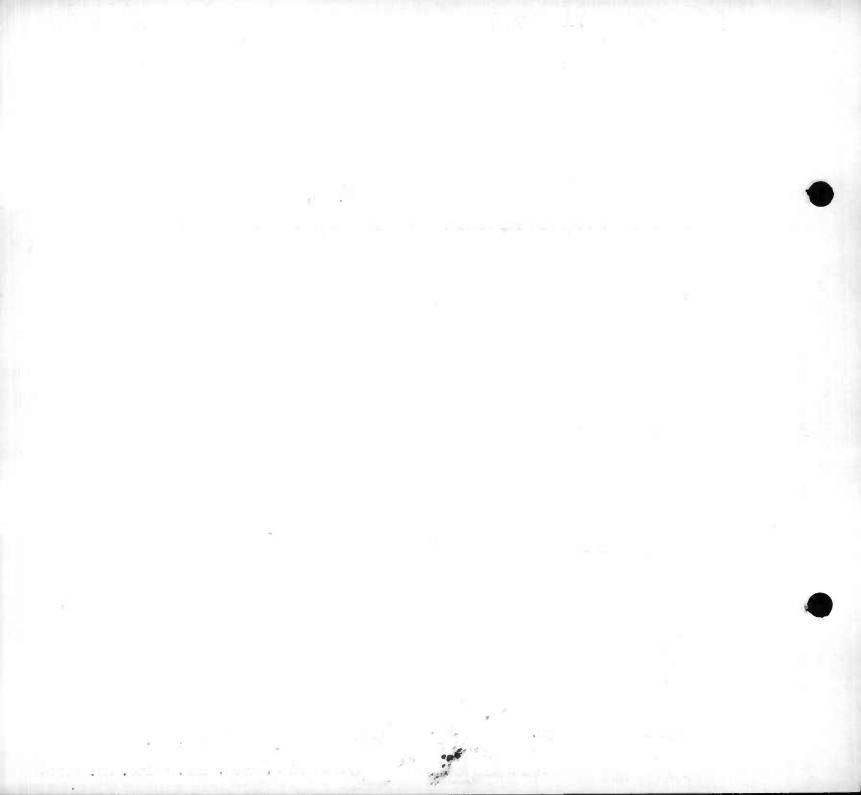
**IState** 

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If Under 24 His.

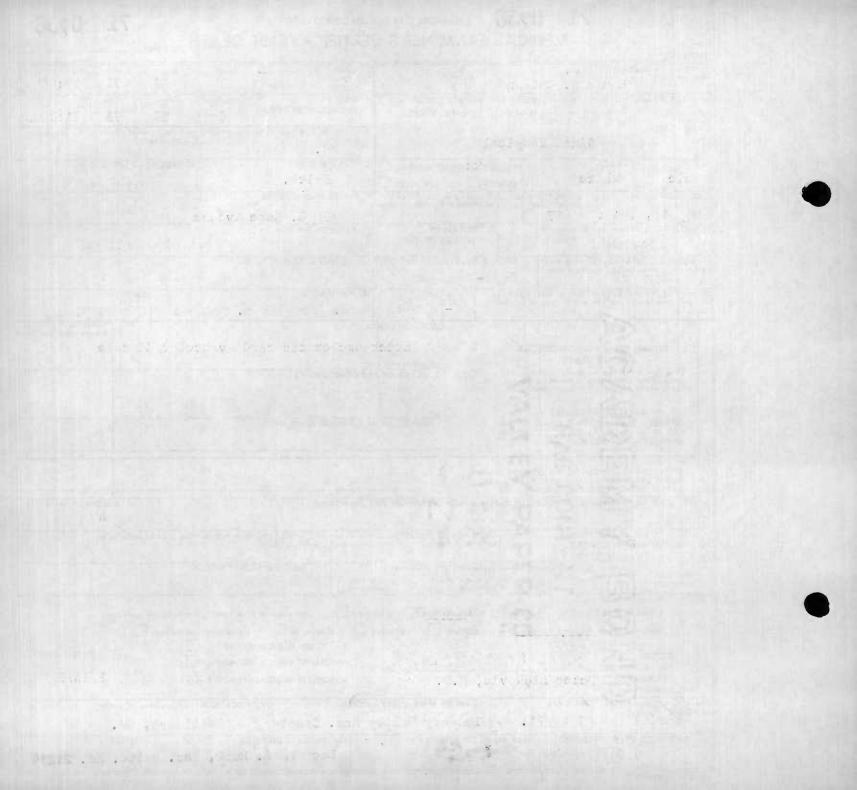


VS 150-REV. 1/1/6B



VS 151-REV. 1/1/68

	2-45	07	1 0 MED			TIMORE CITY H			F DEAT	H REG. NO.		0756
	NAME OF DEC	FASED	1.				II2 DATE	v 932				T
	pe ar Prini)		X. Co1	iono			2. DATE OF	Known &K	- 4	24	71	Hour 11.20
-	PLACE IN BAL					CED DEAD	DEATH 3. DATE	Estimated			-	11:20 a <sub>N</sub>
FL	ILL NAME OF		T IN HOSPITA				1	UNCED DEAD	Manth 1	Doy 24	71	11:20 a
01	ROITUTITZAI	Si	inai Ho	spit	a1		S. USUAL R	ESIDENCE (Whe	ere deceased l	ived. Il institutio B. COUNTY	in: residence b	pefore odmission)
6.	SEX	7. RACE		B. MARE	RIEDXX	EVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	0
	male	White	3	WIDOV	_	DIVORCED	В	alto.				🗆
9.	DATE OF BIRTH	1	10. AGE (In			Yr. If Under 24 Hrs	E. STREET AND NUMBER					
May 13, 1913.   lost birthday)   Manths, Days, Hours   Min.								0 E. Lak	o A 220021	0		
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF						13. FATHER		e Avenu	e			
	Ma:	ryland			WHAT	GSUNTRY?			A	ntonio	Colian	0
14/	A.USUAL OCCU	PATION (Give	kind of work 1	4B. KIND	OF BUSIT	NESS OR INDUSTR	Y 15. MOTHE	R'S MAIDEN N	AME			
dor	done during mast of warking life, even il retired)  Self-Employed									Stella	?	
16.	6. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL				18. INFORA	TAAN		A	DDRESS			
(Yes, no or unknown) (If yes, give war ar dates of service) 21/4-22-6498						Mrs. Cornelia B. Coliano (Same)						
-	19.	2 11.				CAUSE OF DEA			2. 001.	10110		PROXIMATE INTERVAL
	(This daes no heart foilure,	E OR CONDI EADING TO at mean the osthenia, etc. plication which	DEATH made of dyl It means the	ng, e.g., disease,		(A)IMMEDIATE		rotic ca:	rdiovas	cular d		EEN ONSET AND DEAT
NOI	RISE TO THE	TECEDENT OF CONDITION OF CONDIT	ONS, IF ANY, USE (A) STATI ON LAST.	GIVING ING THE		(8)	AS A CONSEC	QUENCE OF:				
CERTIFICATION	OTHER SIGNI TO THE DEA DISEASE OR	IFICANT CON	RELATED TO 1	THE TERM	INAL	***						
	20A. DATE OF					CH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or Na)
MEDICAL	22A. EXTERN UNDERLYING UTING CAL		RIB_		22B. PLACI hame, farm	OF INJURY(e.g., factory, street, affi	in or about 2 ce bldg., etc.) I	2C. WHERE DID NJURY OCCUR?	(If In BaitIma	re City, give exc	act location)	
₹			ay) (Year)	(Havi	WHILE	JURY OCCURRED	WHILE C	2F. HOWDID II	NJURY OCC	UR?		
	23. I certi	fy that I he		-	_	pectloXX Au	_ (	micide   CHIEF MEDICAL	Undetermi EXAMINER	death in my		DATE SIGNED
	SIGNATU EXAMINE NAME (T)	R'S Pe	eter Li	pkov	ic, M.	.D. M.		CIATE MEDICAL		<u>⊠</u>	1/	/25/71
	A. BURIAL CREM MOVAL (Specification Burial	ATION, 24	1/29/71			ME of CEMETERY			LOCATION Bal	(City, lowr	n, or county)	(State)
25	AN 26	1971	EPT.	258N	AME OF R		2SC, F	UNERAL DIREC	TOR	A	DDRESS	d. 21214



m 1/2	BALTIMORE CITY	HEALTH DEPARTMENT		174	0757
BIRTH NO. 71 0757.	CERTIFICA	TE OF DEATH	REG. NO	/1	0/3/
1. NAME OF DECEASED	aufart	2 DATE AND	HOUR OF DEATH	0/. 5	2.1100
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOL	NCED DEVD	4. USUAL RESIDENCE Where	deceased lived A inst	itution: residen	ce before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITE	JTION GIVE STREET	A. STATE B. COUNTY	Brockless XXXX	2	2-43
HOSPITAL OR ADDRESS OR LOCATION)	0 1 1 1 1	C. CITX OR TOWN	D. INSID	E CITY LIMITS?	70
I wien Meniono	il 100spital	Baltimore		YES -	NO 🗌
44		3 30 5 Le	erch Dri	ue	
5. SEX 6. RACE 7. MARRIED [ WIDOWED]	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. los	AGE (In years t birthdoy)	If Under 1 Yes	Il Under 24 Hrs Hours Min.
10A, USUAL OCCUPATION (Give kind of work 108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN C	PEWHAT COUNTRY
Butcher + Columet Maker		Maryland		11:	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1 /	0.0	
John May fort		Vivanno	Hutto	Λ/	
15. Was Deceased Ever in U. S. Armed Forces? (Ves. po or unknown) (If yes, give wor or dojes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1 100 10	ADD	RESS
No		( Wite - Jan	10 Mar tou	6-801	me -
18. 492 X I	CAUSE OF DEAT	H )	10		ROXIMATE INTERVAL EN ONSET AND GEATI
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		Promining	, 2 (00)	40	21.
(This does not mean the made of dving, e.g.	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	A . 20/2/6	comus.	3 Cae
heart failure, asthenia, etc. It meons the disease, injury or camplication which caused death.)				1	U
ANTECEDENT CAUSES	(8)	Ensolver	lanes.		5 500
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the	DUE TO, OR AS	A CONSEQUENCE OF:	4		0
UNDERLYING CONDITION last.	(c) Jula	t pleased elusion	sasperate	in	
Z	TATE OF				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	3				
DISEASE OR CONDITION GIVEN IN PART 1 (A).  194-DATE OF OPERATION 198 CONDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or No.) 2	OR IF YES, WERE FIN	DINGS CON	SIDERED
19A-DATE OF OPERATION 19B CONDITION FOR WAS PERFORMED 21A-ACCIDENT WAS UNDERLYING 1		yes "	N CERTIFYING CAUS	es of death	17
CO COMMENTE CONTRACTOR	PLACE OF INJURY le.g., in a form, foctory, street, of	or about 21 C. WHERE DID	(II In Baltimore	City, give exact	locotian)
DEATH (notify medical examiner)					
S OF INJURY	INJURY OCCURRED  e At   Not White	21F. HOW DID INJURY	OCCUR?		
Work	At Work			1	
22. I certify that (I) (this haspital) attended th	e deceased from	1/23 19	7/ to /	12/	19_2/_
that (1) (we) last saw the deceased office on	1/29		n (my) (our) opinio	n death acc	urred on the date
and hour and fram the causes stated obeve.	(We) (did) (did nat) v	lew the bady after death.	0.		
1-5	L MA Atter	nding Med. Stei	4.71	B. DATE SIGN	VED /
23C. PHYSICIANS	DEGREE Phys	Director Phy 3D. ADDRESS		1/2	4/1/
E. Eugene Page AL	MD		marial,	Hom	dal.
	ME of CEMETERY OF CRE	000000		town or com	lu) (Ci-tal
	eland Memorial		Baltimore,	Md count	ly) (State)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF		25C. FUNERAL DIRECTOR	par ermone,		DDRESS
JAN 26 1971 ( Kober & Jacks	160 0 0 0	Leonard J. Ruck	Inc. Balte		

Burdier + Calinat Maker

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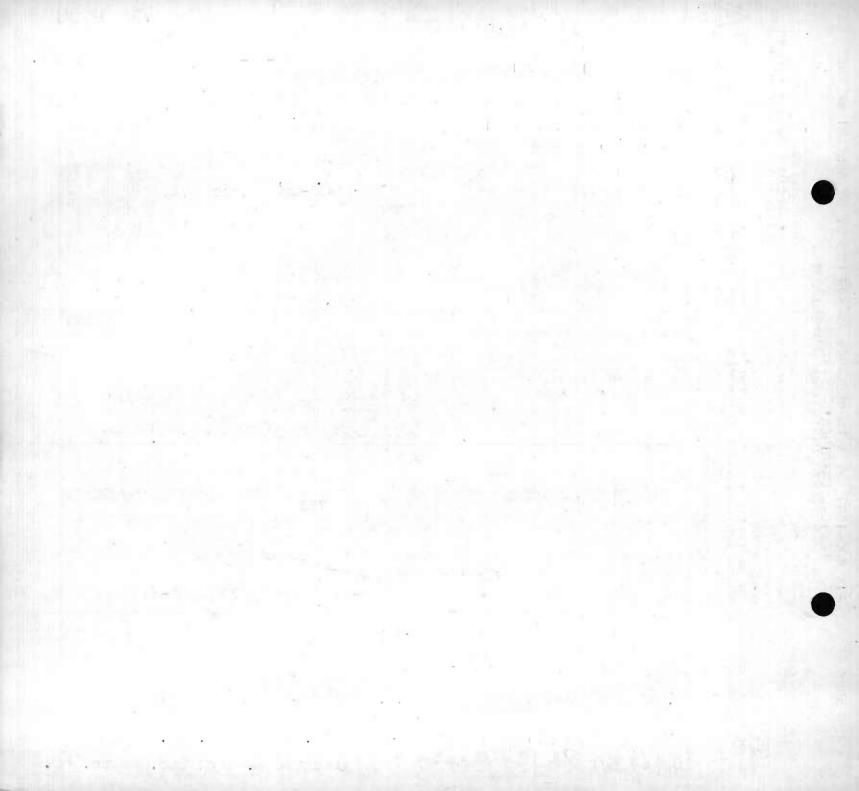
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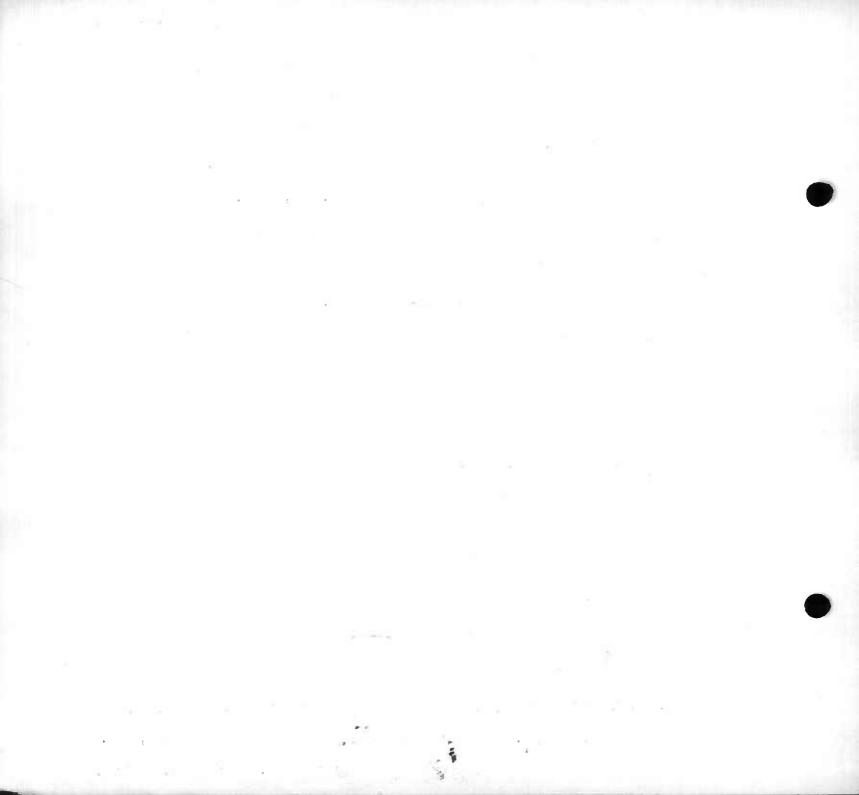
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VS 151-REV. 1/1/68

-	12 21	0		BALTIMORE C	TY HEALTH DE	EPARTMENT		PIA	0-50
BIB	TH NO.	71	0759	CERTIFIC	ATE OF	DEATH	REG. NO	11	0759
1. N (Ty	Pe or Print)		0700			2. DATE AND	HOUR OF DEATH		5:38 P. M
3.	PLACE IN BAL	TIMER WALVEAND,	WHERE PRONO	UNCED DEAD	4. USUAL F		deceased lived, If	institution: res	idence before odmission)
FU	LL NAME OF	(IF NOT IN HOSPI	TAL OR INSTIT	TUTION, GIVE STREET	11.22	YLAND		2	6-43
HC IN:	LL NAME OF				C. CITY OR	TOWN	D. IN	SIDE CITY LIN	AITS?
		OHNS HOPKIN		TAL		IMORE		YES 🔭	NO 🗌
	BALTII	MORE, MD 21	205			AND NUMBER	VE		
5. 9	SEX	6. RACE	7. 44 4 00150	NEVER MARRIED		BIRTH A		If Under	1 Yr., If Under 24 Hrs.
	MALE	WHITE	WIDOWED	DIVORCED		XI extra X	st birthdoy)	Months	Doys Hours Min.
		UPATION (Give kind of wo working life, even if retired)		F BUSINESS OR INDUST	RY 11. BIRTHPLA	A CE (State or foreign	country)	12. CITIZE	EN OF WHAT COUNTRY
	Carpen				Esto	onia		USA	
13.	FATHER'S NAM	ME			14. MOTHER	R'S MAIDEN NAME	E		
	Jol	hn Roosior	g		A	Minna Vii	res		
5. Ye	Wos Deceosed	Ever in U. S. Armed Fo	orces?	1 6. SOCIAL SECURITY NO.	17. INFORM			,	ADDRESS
	no	, to , g		JECOKIII NO.	Mrs.	Marta Ro	osiorg	same	
-	18. L.L.	0.71		CAUSE OF DE					APPROXIMATE INTERVAL
NOI	OTHER SIGNIF	DR CONDITIONS, ile above cause (A) G CONDITION last.  ILE GRANT CONDITIONS CO H BUT NOT RELATED TO ONDITION GIVEN IN PA	Sloting The		LALLE	el art	eriosek	Perosi	2
ERTIFIC /		OPERATION 198. CO		WHICH OPERATION		'ES	20B. IF YES, WERE IN CERTIFYING C	FINDINGS C	CONSIDERED EATH?
CAL CE	21 A. ACCIDEN OR CONTRIBU DEATH (notify	NT WAS UNDERLYING   JTING CAUSE OF medical examiner	211 hos etc	B. PLACE OF INJURY (e. me, form, foctory, street,	office bldg.,	C. WHERE DID	(If in Boltim	ore City, give	exoct location)
MEDI	21 D. TIME OF INJURY	(Month) (Doy) (Year		INJURY OCCURRED		F. HOW DID INJUI	RY OCCUR?		
<	(APPROX.)		W	hile At Not V					
		that (this haspite			1-23		71 10 1.	-23	19 71
	that (we)	lost saw the deceas	sed alive on	1-23	19_7	11 and that	in ( our) a	ointon death	n accurred on the dat
	and have and	d from the causes sta	ated abave.	(We) (did) (did)	view the bad	ly after death.			
	M. A	Dellayne	And	rews MID	Attending D	Director L P	taff hys.	238, DATE	SIGNED
	NAME (T	ype)	110	M D	23D. ADDRESS	A	LNC HOCD	I TAI	
244	M. DE	MAYNE ANDRE		M.D.	(EE)	JOHNS HOPK			county) /Ciat-1
647	REMOVAL (S	Specily)		AME of CEMETERY or				City, town, or	county) (State)
25.4	Burial	1/28/	1	rdens of Fa			alto. Md	•	ADDRESS
231	. DATE RECED	The state of the s	258 NAME	OF REGISTRAR	230. FUR	LERAL DIRECTOR			PANTALIA
	JANA	0 1977 Jaba	a E do	Ser Jew 1	1 Geo		Ruck In	c. Bal	



P-500	)			BALTIMORE CIT	Y HEALTH DEPARTMENT		71	0780	
BIRTH NO.	71	07	60	CERTIFICA	TE OF DEATH	REG. NO.	The same	0/50	
I. NAME OF DEC		7777 6	100		2, DATE	AND HOUR OF DEA	TH		
			ATHERI		Jan	uary 23, 1	971	1 10	10 A
B. PLACE IN BAL	TIMORE, MA	RYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE I	Where deceased lived.	If institution;	residence bef	ore odmission
FULL NAME OF	(IF NOT	IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Maryland		2	7-47	
NSTITUTION	ADDRES	S OR LOC	ATION)	OTTO STREET	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
(20/ 1					Baltimore		YES K		
6306 H	arior	d Rd.			E. STREET AND NUMBE				
00					6306 Harf	ord Rd.			
Female	White	9	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	Sept. 13,18	9. AGE (In years last birthday)	Manths	er 1 Yr. If	Under 24 Hrs
A. USUAL OCCI	PATION (Give	kind of work	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or	foreign country)		ZEN OF WH	AT COUNTS
one during most of v Bakery	Acting lite' exe	in it tellied)	1				Į.		USUNIA
FATHER'S NAM					Maryla 14. MOTHER'S MAIDEN			USA	
	Cha	ni eti.	an Heb	hal	MOINER, 2 WAIDEN		- l · 1	O.	
. Wos Deceased	Fuer in 11 S	Armed Par	2			Ellz	abeth	Steve	ns
es, no of unknown)	(If yes, give	wor at dote	s of service)	SECURITY NO.	17. INFORMANT			ADDRESS	
NO				215-03-543	2 Mrs. Minna	Dietz		(Same	)
DISEASES O	CONDITION  CANT CONDITION  BUT NOT REI	ions Col	Stating the	(C)	A CONSEQUENCE OF:			*****************	
OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	OPERATION	198 CONI WAS PERF	STON FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208, IF YES, WER	E FINDINGS CAUSES OF	CONSIDERE DEATH?	D
OR CONTRIBUT	T WAS UND ING CAU: medical exem	RLYING DE OF	21 B, hom etc.)	e, tarm, tactory, street, oi	or obout 21C. WHERE DID	(If In Baltin	nore City, giv	e exoct locotic	on)
21 D. TIME OF INJURY (APPROX.)	(Manth) IDo	y) (Year)		INJURY OCCURRED  Not While At Work	21F. HOW DID I	NJURY OCCUR?			
22. I certify t	hat (1) (this	hospital)	attended th	e deceased from	amon	19 60 to fa	wary	23	19 7/
that (I) (wa)	ost saw the	decease	alive an	y anualy	, 23 19 7/ ond	that In (my) (our) o			on the dat
and hour and	from the ce	uses state	ed abave. (1)	( <del>We)</del> (dld) ( <del>dld nor)</del> v	ew the body after deat	le .			
23A. SIGNATUR	5		1				23B. DAT	E SIGNED	
23C.PHYSICIAN	11	esa	n	DEGREE Phys	Med. Director D	Staff Phys.		1/23/-	71
- /	/								
Dr. BURIAL CREM	ATION A	lless		DEGREE	6217 Harford	d Rd., Balt	o.Md.		
REMOVAL (Sp	ecify)	DATE			VIATOR1 24D.	LOCATION (	City, town, o	r county)	(Stote)
Burial		/26/		arkwood Cem		Baltim	ore, 1	۷d.	
JAN 2	THEALTH D	Robons	25B NAME O	F REGISTRAR	25C. FUNERAL DIRECTO	Ruck Inc	Ral	ADDRESS t.o. Md	2121/
150-REV. 1/1/60	-	1	0.000		9		- + , 1001	-00 + 1.10	~ 4 4 4



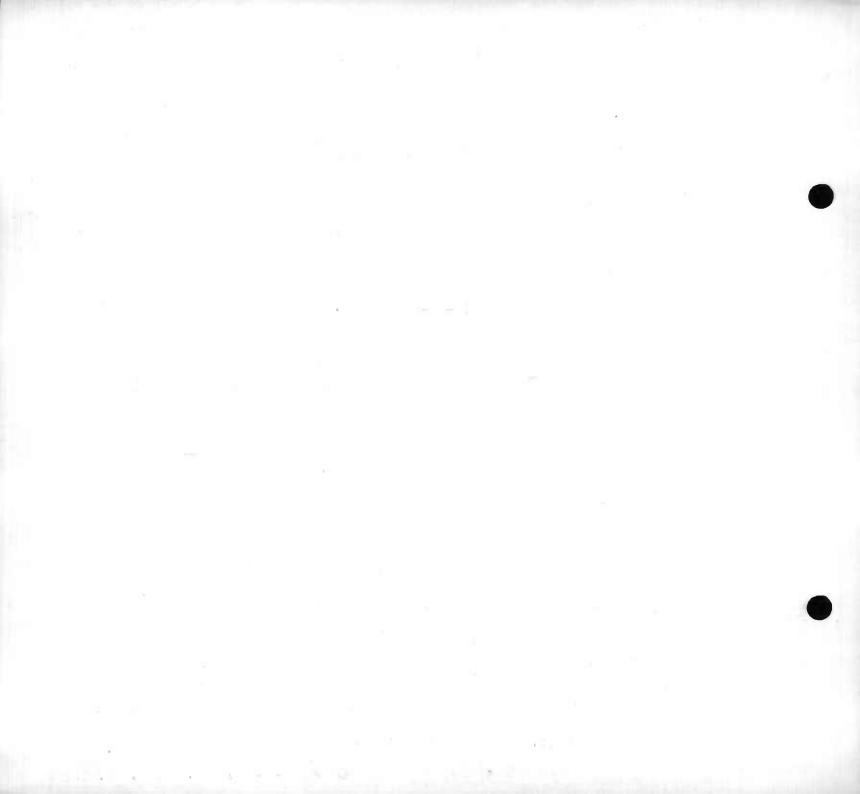
-1-15	20 71 (	2 -		HEALTH DEPARTM		11 0/61			
BIRTH NO.	/1 (	1761	CERTIFICA	TE OF DEA	TH REG. NO				
1. NAME OF OR	CEASEO (Rayme	and Jor	nes)	2. D	ATE AND HOUR OF DEAT	Н			
1	PYMOND	VOR	IES		1-21-71	1 3:00 P.1			
3. PLACE IN BA	ALTIMORE, MARYLAND, V	VHERE PRONO	UNCEO DEAO	4. USUAL RESIDENCE	E (Where deceased lived, If	institution: residence before admission			
FULL NAME O	F UF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	Brougla		12-17			
HOSPITAL OR	AODRESS OR LOC.	ATION)		C. CITY OR TOWN		ISIDE CITY LIMITS?			
44				Balkin		YES 🔀 NO			
Uni	on Suemoru	ial X	ospital	E. STREET AND NUM		66:			
. SEX			0	P	oth st. Bo	the model			
	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Ooys Hours Min.			
M	w	WIDOWED		9-13-9	6 -11				
lone during most of	CUPATION (Give kind of worl of working life, even if retired)	KINO OI	BUSINESS OR INOUSTRY	11. BIRTHPLACE (Stote	or loroign country)	12. CITIZEN OF WHAT COUNTR			
Retir	ed City Highwa	y Dept.		mary	land	USA			
3. FATHER'S NA				14. MOTHER'S MAID	EN NAME				
The	omara la	nes		Larry or bell	a Scara bo				
S Was Oceans	d Euro to II S Ame A Su	2	1 6. SOCIAL	17. INFORMANT	on reused alo	ADDRESS			
res, no or unknow No	(If yes, give wor or dote	s of service)	SECURITY NO.			3121 Hiss Avenue			
18. 1/6	1000		2-20-09-3786		mond H. Jones,	7121 Hiss Avenue			
Col Sunt	Z A CONSTROLL ON		CAUSE OF DEATI	Dulm	andry ada	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT			
DISEA	ASE OR CONDITION DI	KECILY		2000	· · · · · · · · · · · · · · · · · · ·	Well.			
IThis does	nal mean the made of	dying, e.g.,	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:		Transfer of the second			
injusy at ca	, asthenia, etc. It means mplication which caused	the disease, death.)		- /		1			
	ANTECEDENT CAUSES		Mye	Rud Me	Loun asia	2			
DISEASES	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF								
rise lo Il	he abave cause (A)	stoling the	1		100000	7			
UNDERLYIN	G CONDITION lost		(c) D	ann A	X GJSUY 1	~			
Z OTHER CICAL		I TO I DI I TILLI O							
TO THE DEA	FICANT CONDITIONS CONTINUES TO THE	AE TERMAINIAL							
19A. DATE O	CONDITION GIVEN IN PAR F OPERATION 198 CON	OITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yo	s or No. 208 IE VEC MEN	CINDINGS CONCIDENTS			
2/	WAS PERF	ORMEO	THE OF ERAPION	Yes	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF OEATH?			
21A. ACCIO	ENT WAS UNDERLYING TUTING CAUSE OF	218.	PLACE OF INJURY (e.g., In	or about 21 C. WHERE	OIO (If In Boltim	ore City, give exact location)			
LIDEATH Inotif	UTING CAUSE OF y medical examined	hom etc.)	e, form, foctory, street, off	ice bidg, INJURY OCC	UR?	ore only, give exoct location;			
210. TIME	(Month) (Ooy) (Yeor)	(Hour) 21 E	INJURY OCCURRED	215 HOW 5	IO INJURY OCCUR				
OF INJURY			lo At   Not While		IO INJURY OCCUR?				
		Wor	k L At Work						
22. I certify	that (1) (this hospital	) attended th	ne deceased from	1-19	19 <u>Z/to</u>	1-21 1971			
that (I) (we	) last saw the decease	d olive on		19	and that In (my) (aur) ap	Inlan death accurred an the dat			
and hour on	d from the causes stat	ed above. (L	(We) (did) (did nat) vi	ew the body after d	eath.				
23A. SIGNAT	URE Francely	hakes	-			23B, DATE SIGNEO			
	MARIELY	19 191	OIZA 4.0 Atten	ding Med.	Shaff Phys.	(-21-71			
23C. PHYSICIA	AN'S Tugol		DEGREE 2	3D. AOORESS					
NAME (	THARIEL	V NA	PIZA M.D	nne	a Gromas	al Hospital			
4A. BURIAL CRI	FARATION DATE	24C. NA	ME OF CEMETERY OF CRE						
REMOVAL Buris	(Specify)	7.4				City, town, or county) (Stotel			
	1 1/ -// 11		don Park Ceme		Baltimor				
JAN		BE Jak	F REGISTRAR	25 CA FUNERAL DIR	- Birole Tro Do	ADDRESS lto. Md. 21214			
5 160 BY 10		Co Hard	Car Car	accimid 6	· Muck, Inc. Da	100 Ma 21214			
\$ 150-REV. 1/1/	00								

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VS 150-REV. 1/1/68

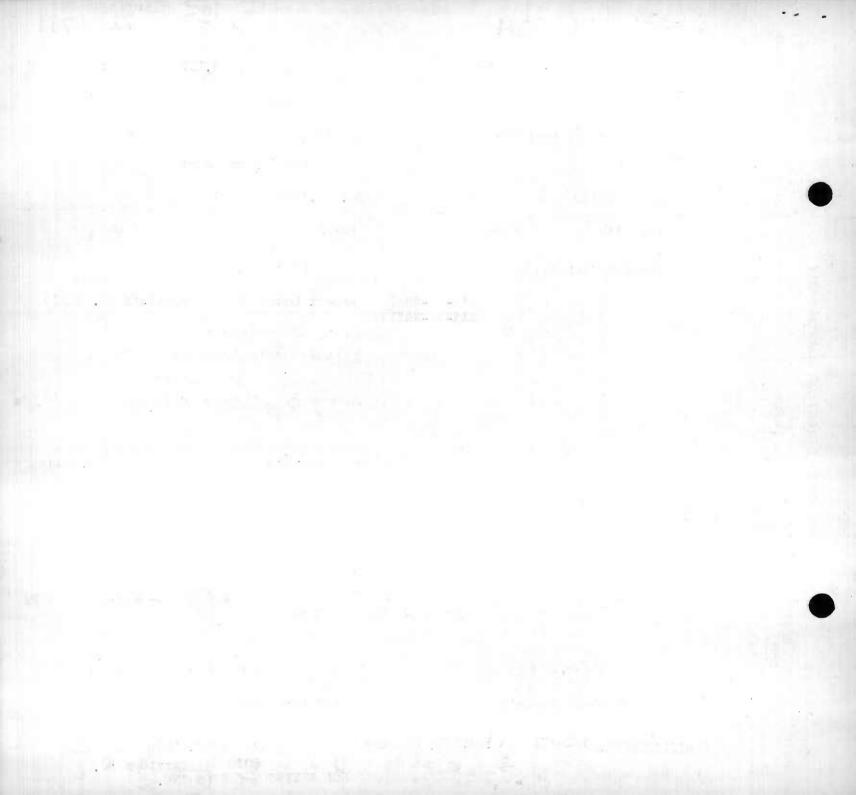


DIRECTOR:

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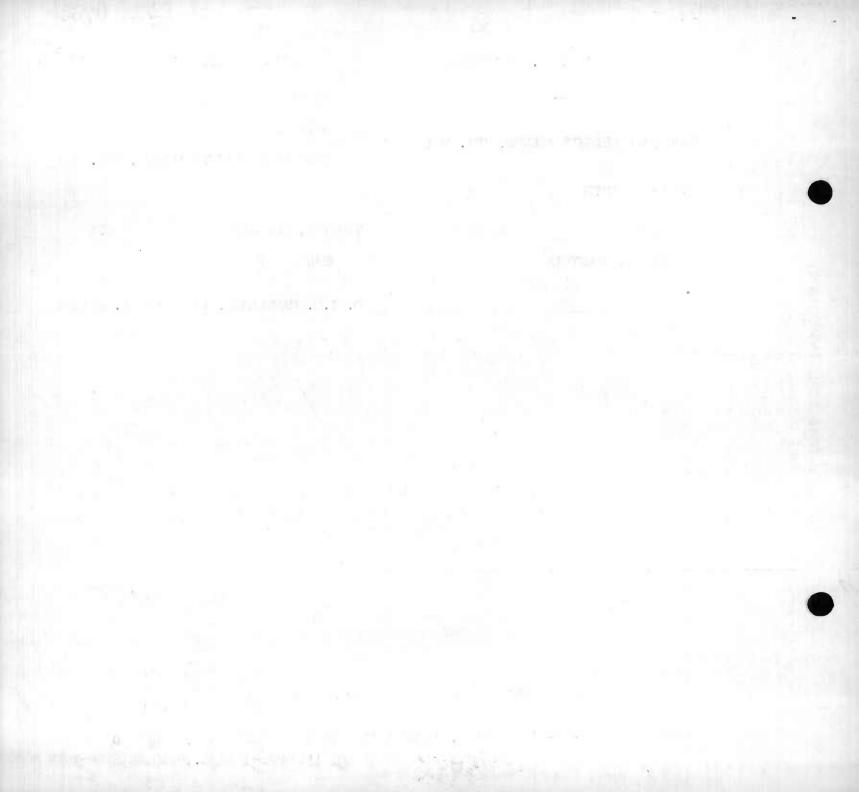


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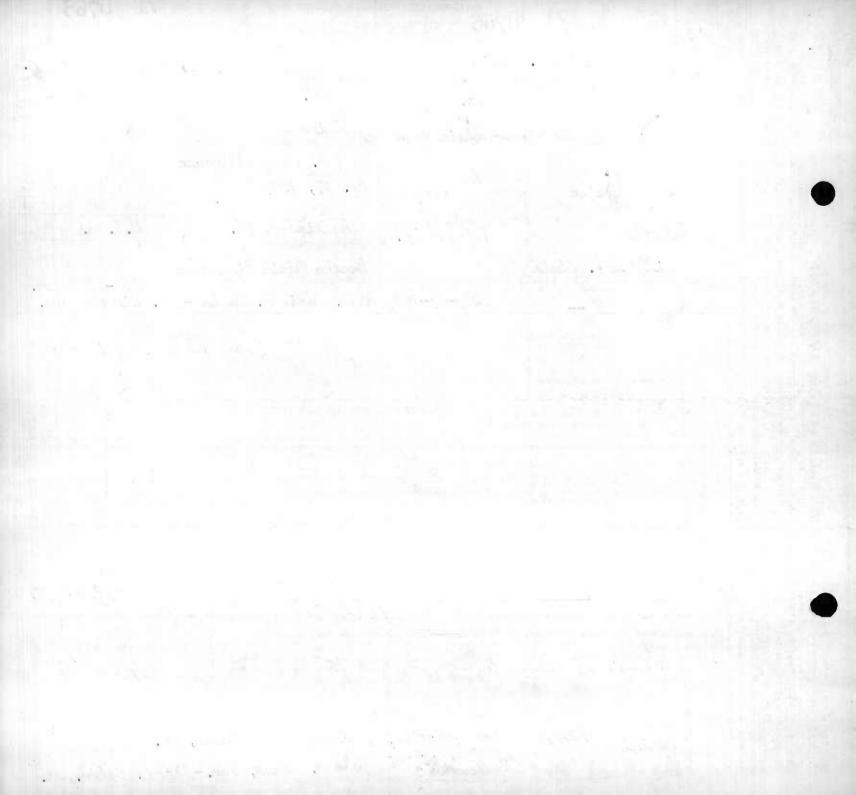


DIRECTOR:

FUNERAL



VS 150-REV. 1/1/68



VS 150-REV. 1/1/68

DIRECTOR:

FUNERAL

Maryland

Zachariah Thompson Duvall

XXXXXXXXXXX XXXXXXXXXXXXXXXXX

Marian Louisa

21227

Mr. Robert E. Lawrence, 2411 Brunswick Rd.

Pulmonary Embolism

Minutes

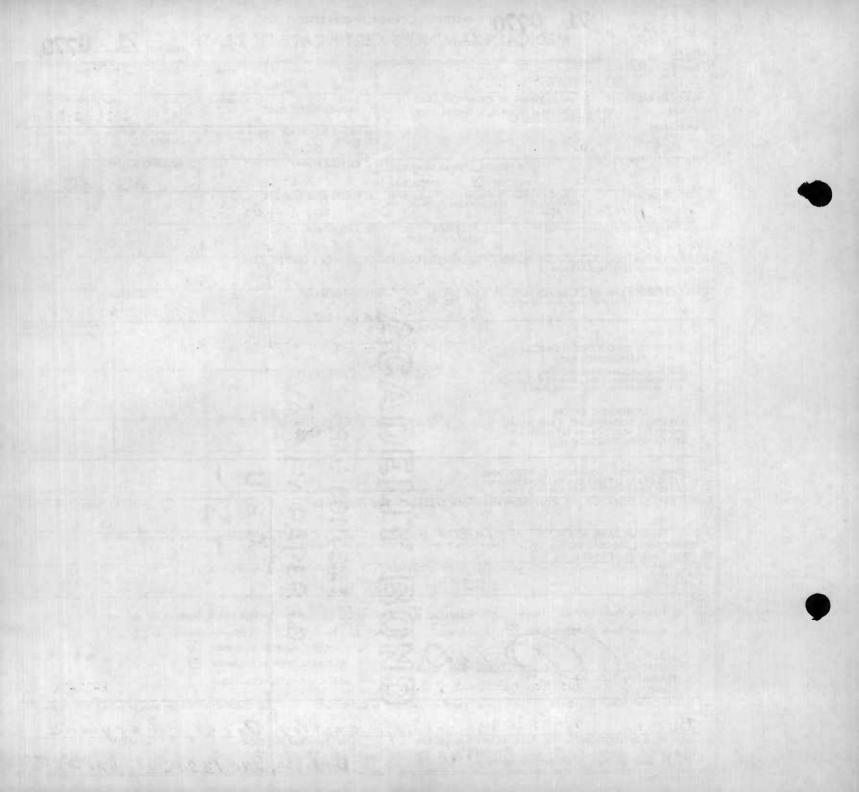
1 Year Plus Chronic Brain Sydrone

No

() 100) rue 000	BALTIMORE CITY	HEALTH DEPARTMENT	71 0769.
	69 CERTIFICA	TE OF DEATH	3. No. 71 0769.
BIRTH NO.  1. NAME OF DECEASED		2, DATE AND HOUR O	
(Type or Print) John N. Popp		January 2	1, 1991 10:39 A.
3. PLACE IN BALTIMORE, MARYLAND, WHER	E PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased	lived. If institution: residence before admission
FULL NAME OF SEE NOT IN HOSPITAL	OB INCTITION CIVE CYPER	Maryland Baltin	more 5 9 a 2/1
FULL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET	C. CITY OR TOWN	D. INSIDE CITY LIMITS?
Baltimore City Hospital	c	ESSEX	YES NO
4940 Eastern Avenue	. 5	E. STREET AND NUMBER	
	21224	357 Oberle Avenue	21221
Baltimore Maryland	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In	
Mala White	DOWED DIVORCED	9-3-00 lost birthdoy	years If Under 1 Yr. If Under 24 Hrs Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108.		11. BIRTHPLACE (State of Greign country)	12. CITIZEN OF WHAT COUNTR
one during most of working life, even it retired)			USA
MACHINIST STATHER'S NAME		MD.	0311-
	0.00	14. MOTHER'S MAIDEN NAME	>
GEORGE A. F	011		,
. Was Deceased Ever in U. S. Armed Forcos? es,no or unknown) (III yes, give wor or doles of	16. SOCIAL	17. (NFORMANT	ADDRESS
V NK	service) 213-01-2947 A		Astern Avenue
118, /// 9 9	CAUSE OF DEAT	Baltimo	ore, Maryland 21224
7/201			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECT	Probab	le futul cardiac arr	itterni 1
(This does not mean the mode of dyin	(A) MMEDIATE CAL	ISE CAPACIC ATT	glames emmediale
heart failure, asthenia, etc. It means the	disease.	A CONSEQUENCE OF: Cant	o MI
injury or complication which caused dea	mJ	11 - 111/ 1000	
ANTECEDENT CAUSES	(B) ASC	US ELVH, LBBB,	CHF years
DISEASES OR CONDITIONS, if any,	giving (B) DUE TO, OR AS	A CONSEQUENCE OF:	**************************************
rise to the above cause (A) state UNDERLYING CONDITION last.	ing the (c) Aug	sertención	Mars.
	(C)		
OTHER SIGNIFICANT CONDITIONS CONTRI	RUTING A.T	9 11	1
IO THE DEATH BUT NOT RELATED TO THE TE	RMINAL HOTEL	Insufficiency + ster	10510
DISEASE OR CONDITION GIVEN IN PART 1 (A	N FOR WHICH OPERATION	20A-AUTOPSY? (Yes or No.) 20B, IF YE	S. WERE FINDINGS CONSIDERED
19A-DATE OF OPERATION 198. CONDITION WAS PERFORM	(ED	AD IN CERTIF	ES, WERE FINDINGS CONSIDERED TING CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218 PLACE OF INJURY (e.g.,	n or obout 21 C. WHERE DID 114	in Boltlmore City, give exact location)
INCATU I A A A A	home, form, loctory, street, of	fice bidg, INJURY OCCUR?	wood only, give stact location;
DEATH INONITY Modical examined NO			
21D-TIME (Month( (Day( (Year) (He		21F. HOW DID INJURY OCCU	K?
(APPROX)	While At Work		- I
22. I cortify that (IVIalia hamital) des	anded the deserral for	· 20m.	1111
22. I certify that (I) (this hospital) att	,	Jan 1969 10	
that (1) (we) last saw the deceased at	ive on	19 19/ and that in (my)	
that (I) we last saw the deceased all and haur and from the causes stated a	ive on	19 19/ and that in (my)	
that (1) (we) last saw the deceased at	bave. () (did) (did not) v	iew the bady after death.	
that (I) we last saw the deceased all and haur and from the causes stated a	bave. (1) (did) (did not) v	iew the bady after death.	(our) opinion death accurred on the do
and haur and from the causes stated a  23A, SIGNATURE  23C, PHISICIAN'S	ive on /// bave. (I) (did not) v  Attended to the control of the c	lew the bady after death.  Med. Stoff Director Phys.	(our) opinion death occurred on the dol
that (I) (we) last saw the deceased all and haur and from the causes stated a 23A. SIGNATURE (SAME)	ive on July did (did not) v	lew the bady after death.  Med. Stoff Phys. 223D. ADDRESS Baltimore it	23R DATE SIGNED  //2//7/ y Hospitals
and haur and from the causes stated a  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) W. Douglas III	ive on	iew the bady after death.  Med. Stoff Phys. 23D. ADDRESS Baltimore Cit 4940 Eastern Avenue B	238. DATE SIGNED  1/2/7/  y Hospitals altimore, Maryland21224
and haur and from the causes stated a  23A, SIGNATURE  23C. PHISICIAN'S NAME (Type) W. Douglas III	ive on	iew the bady after death.  Med. Stoff Phys. 223D. ADDRESS Baltimore Cit 4940 Eastern Avenue B	23R DATE SIGNED  1/2//7/  y Hospitals
that (I) we last saw the deceased all and haur and from the causes stated at 23A. SIGNATURE 23C. PHISICIAN'S NAME Sypel W. Douglas II.	ive on bove did (did not) v  DEGREE  M.D.  DEGREE  24C. NAME of CEMETERY of CRE	iew the body after death.  Med. Stoff Phys. 23D. ADDRESS Baltimore Cit 4940 Eastern Avenue B	y Hospitals altimore, Maryland21224 (City, town, or county) (State)
and haur and from the causes stated a  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) W. Douglas III  4A. BURIAL CREMATION, REMOVAL (Specify) BURIAL	ive on	iew the body after death.  Med. Stoff Phys. 23D. ADDRESS Baltimore Cit 4940 Eastern Avenue B	y Hospitals altimore, Maryland21224 (City, town, or county) (Stote)
that (I) (we) ast saw the deceased all and haur and from the causes stated a 23A. SIGNATURE 23C. PHTSICIAN'S NAME (Type) W. Douglas II.  4A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 1/25/71	ibave. (I) (did not) v  Attended to the physical M.D.  DEGREE  24C. NAME of CEMETERY of CRE  OAK LAW	iew the body after death.  Med. Stoff Phys. 223D. ADDRESS Baltimore Cit 4940 Eastern Avenue B MATORY 24D. LOCATION  BALT	y Hospitals altimore, Maryland21224 (City, town, or countyl (Stole)

THE NEW SERVERS SERVE WAS THE ASCUD 5 EVIN LABOR PAT Hopertonian HOME A SHIPLEMENT & SERVICE Me Borry las, II

	HEALTH DEPARTMENT  S CERTIFICATE OF DEATH REG. NO. 71 0770
BIRTH NO.	REG. NO.
1. NAME OF DECEASED	2. DATE Known Month Day Year Hour
(Type or Print) SARA/C. ROBEY	OF
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	M.
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 1 21 1971 3:25 P M.
1200 Carroll St.	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
female white WIDOWED DIVORCED	Relto F
9. DATE OF BIRTH   10. AGE (In years   If Under 1 Yr. II Under 24)	Hrs. IE. STREET AND NUMBER
2/26/92   ost birthdoy)   Months   Doys   Hours	1200 Carroll St.
11. BIRTHPLACE (State or loreign country) 12. CITIZEN OF	13. FATHER'S NAME
Maryland WHAT COUNTRY?	William Cook
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDU	
Waite cess Lunch Rosin -	Mary Magaha
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL (Yes, no grunknown) (If yes, give wor or dotes of service) SECURITY NO.	18. INFORMANT ADDRESS
NO 215-30-2	Dewilliam N. Rober 2012 Whistlen AVK
19. LL A CAUSE OF I	DEATH APPROXIMATE INTERVAL
District on correlation binecity	rotic cardiovascular disease
(A)IMMEDIA  (This does not mean the made of dying, e.g.,  (A) THE DUE TO,	TE CAUSE  OR AS A CONSEQUENCE OF:
heart failure, osthenia, etc. It meons the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
UNDERLYING CONDITION LAST	OR AS A CONSEQUENCE OF:
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 21. AUTOPSY? (Yes or No)
Ö	TEAFORMED 21. AUTOPSTY (188 OF 10)
	no
	e.g., in or obaut 22C. WHERE DID (II in Baltimore City, give exact location) office bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Day) (Year) (Hour) 22E-INJURY OCCURR	ED 22F. HOW DID INJURY OCCUR?
OF INJURY	
m. WORK	NOT WHILE
23. m. WORK	AT WORK
23.  I certify that I held on Inquiry Inspection K	Autopsy and that on this basis, deoth in my opinion
23.  I certify that I held on Inquiry Inspection K	Autopsy and that on this basis, deoth in my opinion icide Homicide Undetermined manner
23.  I certify that I held on Inquiry Inspection K	Autopsy and that on this basis, deoth In my opinion icide  Homictde  Undetermined manner    CHIEF MEDICAL EXAMINER  DATE SIGNED
23.  I certify that I held on Inquiry Inspection For resulted from: Natural rauses Accident Suraction Sura	Autopsy and that on this basis, deoth in my opinion  icide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER
23.  I certify that I held on Inquiry Inspection Fresulted from: Natural rauses Accident Su	Autopsy and that on this basis, deoth in my opinion icide  Homicide Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED
23.  I certify that I held on Inquiry Inspection Fresulted from: Natural rayses Accident Sulation Sulation Signature  EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specify)	Autopsy and that on this basis, deoth in my opinion icide    CHIEF MEDICAL EXAMINER DATE SIGNED  M.D. ASSISTANT MEDICAL EXAMINER    ASSOCIATE MEDICAL EXAMINER 11-22-71
23.  I certify that I held on Inquiry Inspection For resulted from: Natural rauses Accident Surface Su	Autopsy and that on this basis, deoth in my opinion  icide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  M.D. ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  1-22-71
23.  I certify that I held on Inquiry Inspection Fresulted from: Natural squees Accident Suraction Suraction Signature  EXAMINER'S Isidore Mihalakis, M.D.  24A. BURIAL CREMATION, REMOVAL (Specify)  Tourig 1/25/7/ Meador Fid	Autopsy and that on this basis, deoth in my opinion  icide Homictde Undetermined manner  CHIEF MEDICAL EXAMINER  M.D. ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  1-22-71  RY or CREMATORY  24D. LOCATION (City, town, or county) (State)  GB Cemptery Porsey Mary land
23.  I certify that I held on Inquiry Inspection Fresulted from: Natural rayses Accident Sulation Sulation Signature  EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER REMOVAL (Specify)	Autopsy and that on this basis, deoth in my opinion  icide Homicide Undetermined manner  CHIEF MEDICAL EXAMINER  M.D. ASSISTANT MEDICAL EXAMINER  ASSOCIATE MEDICAL EXAMINER  1-22-71



W. I	BALTIMORE CITY	HEALTH DEPARTMENT	walks despite, #	
5-6/4 BIRTH NO. 71 0771		TE OF DEATH	REG. NO	71 0771
(Type of Print) KREIPL, KAT	HRYN M	(MAS ) 2. DATE A	NO HOUR OF DEATH	A A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUS		4. USUAL RESIDENCE (Wh	21. 71	12.25H M
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTE HOSPITAL OR INSTITUT		MARYLAND	NIT	26-43
LNION MEMOR	7.41	C. CITY OR TOWN	E. D. INSI	DE CITY LIMITS?
		E. STREET AND NUMBER	1	YES NO
c cev	HOSPITAL.	3802, Bor		ENUE.
Female WHITE. WIDOWED	NEVER MARRIED DIVORCED	11. 29. 13.	9. AGE (In years lost birthday) 57.	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B done during most of working life, even if retired)  Special Company of the company of		MARULANIA		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
CLARENCE MYERS	5	MARY WEA	WER.	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown! (III yes, give wor or dotes of service)	6. SOCIAL SECURITY NO.	17- INFORMANT		ADDRESS
	217-03-8209	MR. Louis	KREIPL	Same.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	C 1: 0.	1.2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IThis does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A)IMMEDIATE CAU DUE TO, OR AS A		. HErest.	
ANTECEDENT CAUSES	ASE	DE acute	MI	-
DISEASES OR CONDITIONS, if any, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF:	- 14(1.	***************************************
rise la lhe abave cause (A) slaling the UNDERLYING CONDITION last.	(c)			
1		5 . 1. 111.2	.01 11-	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A)	1	re ulea, Alol	1/3 laddar (un	44
198 DATE OF OPERATION 198 CONDITION FOR WH		20A. AUTOPSY? IYes or No	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	ACE OF INJURY le.g., in form, factory, street, offi	or obout 21 C. WHERE DID	(If In Boltimore	City, give exect location)
21D-TIME (Month! IDoy) (You) (Hour 21E IN	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.) While Work	At Work			
22. I certify that (I) (this hospital) ottended the	deceased fram/	1 15-11	9to	197/
that (I) (we) lost saw the deceased alive an	1.21			on death occurred on the date
and haur and fram the causes stated above. (1) (1	We) (did) (did not) vi	ew the bady after deoth.		The detailed on the detail
23A. SIGNATURE	, ,			38, DATE SIGNED
Malimoronia	Affen Phys.	ding Med. Director	Staff Phys.	1.21.71.
PALMODI) ALL	KHAN III	D. ADDRESS WORY A	MEMORIA.	Monoras -
4A. BURIAL CREMATION, 24B. DATE 24C. NAMI	E al CEMETERY OF CREA			town, or countyl (Stole)
burial 1=25-71 G	ardens of Fa	ith	Balto., Md	
JAN 26 1971 Jan 25 NAME OF P	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
(S 150-REV. 1/1/68	ا نا روده	Schimunek Fun	arar nome, B	renms Lane &



	Pun	71	077	BALTIMORE CITY HE				1000	0
	// /00	MED	ICAI	L EXAMINER'S	CERTIFICATI	E OF DEA	ATH REG. NO		. 0772
100-110	NAME OF DECEASED				llo Dave				
	pe or Print)	CHARI	ES E	. REELY	OF	n	h Doy	Yeor	Hour
4.	PLACE IN BALTIMORE, MA				3. DATE	Mont	n Doy	Yeor	Hour
FL	IL NAME OF (IF NO	TIN HOSPITA	LORINS	STITUTION, GIVE STREET	PRONOUNCED		22	1971	
	SPITAL ADDRE	SS OR LOCA	TION)		5. USUAL RESIDENCE				
_	4249 6h	amrock			A. STATE Md.	- (mare deceo	B. COUNTY	2	6-42
0.	SEX 7. RACE			RIED NEVER MARRIED	C. CITY OR TOWN		D. INSIDE	CITY LIMITS	3 /
L	male whit		1	WED DIVORCED	Balto.			YES 🔀	NO 🗆
9.	DATE OF BIRTH	lost birthdo	yeors y)	If Under I Yr. If Under 24 Hrs. Months   Doys   Hours   Min.	E. STREET AND NU	MBER			
L	2/2/1916	54				amrock Av	7e.		
11.	BIRTHPLACE (Slote or foreign			12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME	E.		18636	
	Baltimore	, Md.		WHATCOUNTER	Charle	es R. R	eely		
	A.USUAL OCCUPATION (Give during most of working life, ev		14B. KINE	OF BUSINESS OR INDUSTRY				# 1	
					Flore	nce Kee	ney		
16.	WAS DECEASED EVER IN s, no or unknown) (If yes, give v	U.S. ARMED	FORCE	SP 17. SOCIAL SECURITY NO.	18. INFORMANT			ADDRESS	
1.	no	voi oi doles	or service	218-01-8412	Dorothy	Meison	Reely,	wife	, above
	19. H 5 X1		COLUMN TO SERVICE STATE OF THE PERSON STATE OF	CAUSE OF DEA	TH				APPROXIMATE INTERVA
R	DISEASE OR COND LEADING TO	DEATH			AUSE Acute b		eumonia		*****************
	heart foilure, osthento, etc injury or complication white	, It meons the ch coused dec	diseose,	DUE 10, OK A	AS A CONSEQUENCE C	) <del>-</del> :			
1	DISEASES OR CONDITIE		. GIVING	(B)DUE TO, OR	AS A CONSEQUENCE	OF:	***************************************		
	DISEASES OR CONDITION RISE TO THE ABOVE CAN UNDERLYING CONDITION	USE (A) STAT	ING THE						
20				(c)					
CERTIFICATION	OTHER SIGNIFICANT CON TO THE DEATH BUT NOT DISEASE OR CONDITION	RELATED TO	THE TERM	INAL					
ERT	20A. DATE OF OPERATION	1 20B. CON	NOITION	FOR WHICH OPERATION WA	S PERFORMED			21. AUT	TOPSY? (Yes or No
O	2							ves	5
EDICAL	22A. EXTERNAL CAUSE UNDERLYING OR CON UTING CAUSE OF DEA	TRIB-		22B. PLACE OF INJURY (e.g., home, form, foctory, street, office	in or obout 22C. WHE	RE DID (II in Bol	itmore City, give e	-	
Σ		Ooy) (Year	) (Hou	r) 22E.INJURY OCCURRED  WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE	V DID INJURY C	CCUR?		BAR R
	23,								
Ľ	I certify that I to	eld an	nquiry	Inspection Aut	opsy 🖾 ond t	hat on this bas	ils, death in m	y opinion	
п	resulted from: N	atural cau	905	Accident Suicid	e Homicide	☐ Undete	mined manner		
	7		2	(A)	CHIEF MI	EDICAL EXAMIN	ER 🗌		- 11
	ACTUAL SIGNATURE	//	120	that he M.D.	ASSISTANT M	EDICAL EXAMIN	ER E		DATE SIGNED
		sidore	Miha	alakis, M.D.		EDICAL EXAMIN	ER 🗌		1-22-71
		4B. DATE		24C. NAME of CEMETERY	or CREMATORY	24D. LOCATI	ON (City, tox	wn, or count	ty) (Stote)
	MOVAL (Specify) Burial	1/25		Ivy Hill Ce	metery	Lau	rel, Md.		
25	A. DATE REC'D BY HEALTH I	DEPT.	25B. N	IAME OF REGISTRAR		DIRECTOR Fu		ADDRESS ,	Inc.
	OHIN DO	A CANADA	The State of	September 1	0 0 333	1 Brehm	s Lane		

VS 151-REV. 1/1/68

2/26/71 - Letter from M.E.O.

THE STREET

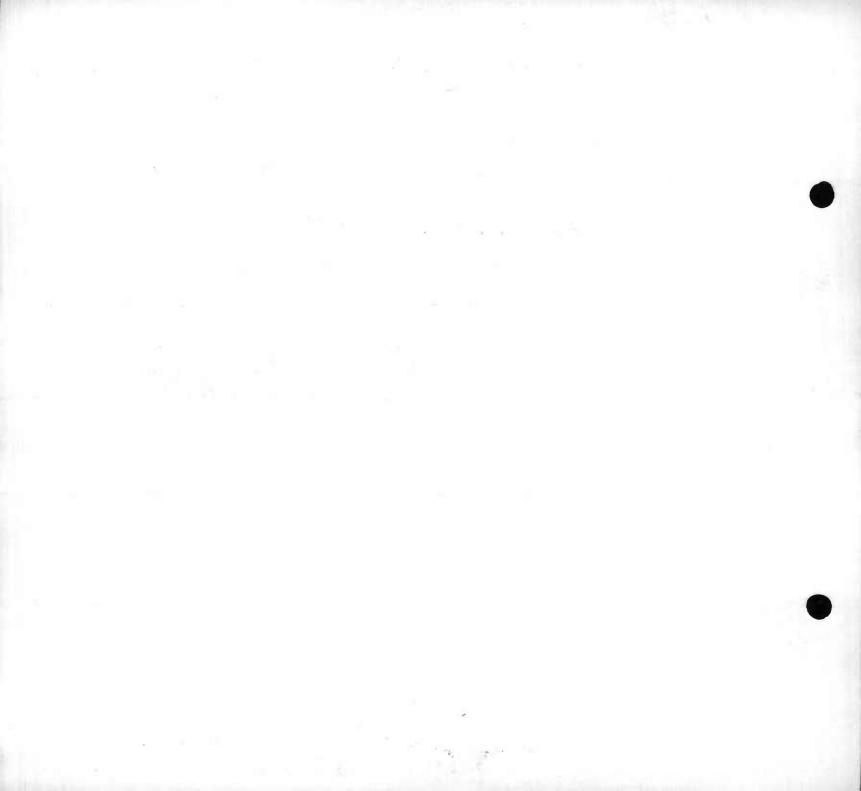
Age

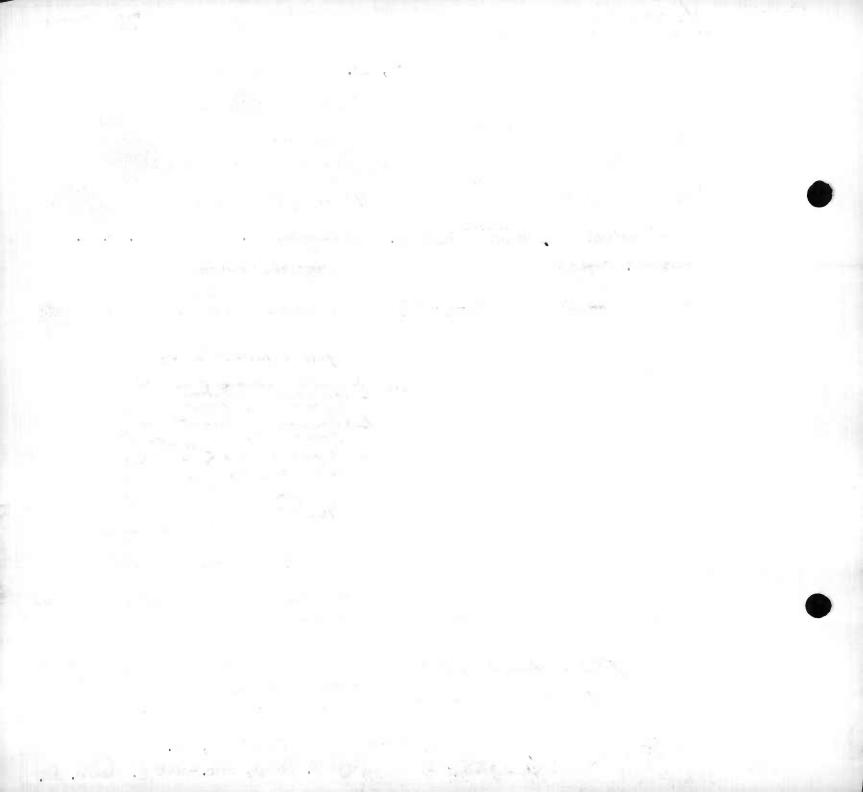
IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68





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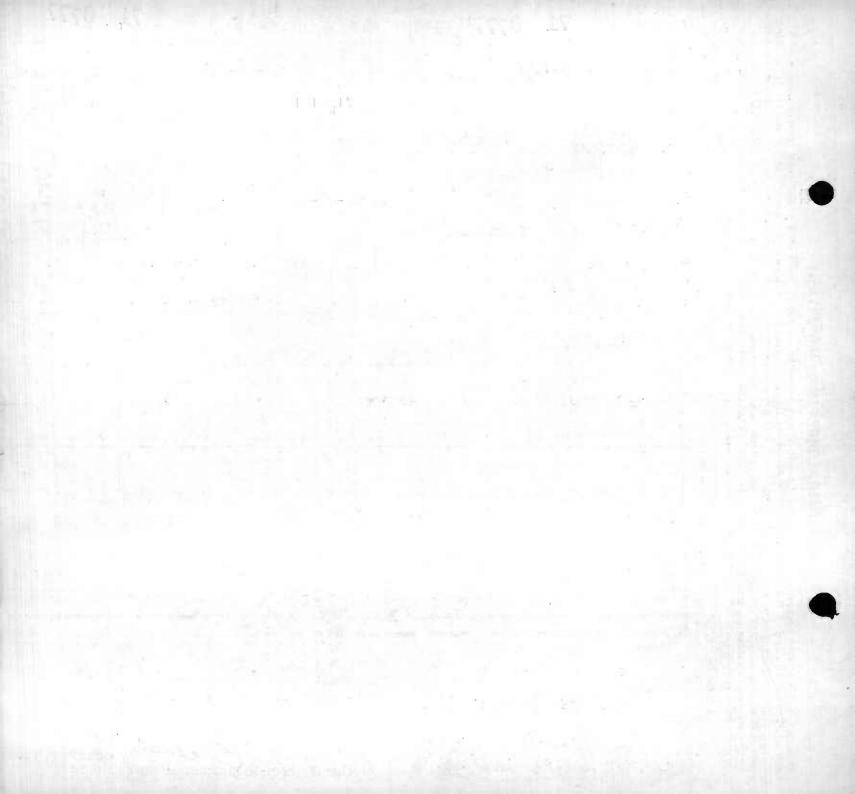
IMPORTANT

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213 28 447b Summ P. Simbles 12 sational Dr. Salts 21280

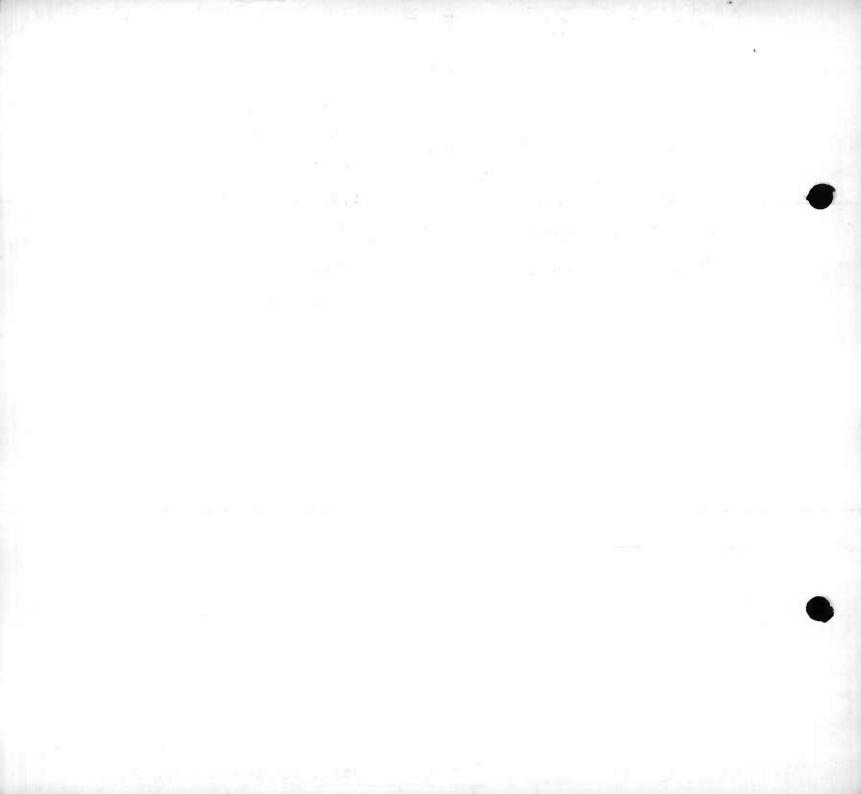
VS 150-REV. 1/1/6B



150-REV. 1/1/68

FUNERAL DIRECTOR: IMPORTANT

	7 (11)	BALTIMORE CITY	HEALTH DEPARTM	ENT	71 0779
	71 0779	CERTIFICA	TE OF DEA	TH REG. NO	. 2 0/10
	Pe or Printing		2. D.	ATE AND HOUR OF DEATH	
3.	PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCE	Verr		an. 22, 197	1 12,05 Pim
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNC	ED DEAD	A. STATE B.	COUNTY	institution: residence before admission)
FL He	ILL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	N, GIVE STREET	Mary C.		43 6, 63.00
			FILLY -	1 N 10 LN	SIDE CITY LIMITS?
13	Bon Secours Hosp	rtal	E. STREET AND NUM	ABER	YES NO X
			7221 h	Stay may	DR.
5.	Male 6. RACE WIDOWED WIDOWED	DIVORCED T	8. DATE OF BIRTH	9. AGE (th years lest birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Heurs Min.
10/	USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
dor	e during most of working life, even if refired)  EP Telleptone Co. Adminis	to I'm No	L Ma		
13.	FATHER'S NAME	Trative HSS	14 MOTHER'S MAID	and	United State
1	Walnut as Dura		4.4		
15	MIENTINE DUELL		Kroe	ger	
(Ye		SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
3	Zes 2	8-10-0111	Mrs. Dom	othy Duer	N Sime.
	18. 2 03 X I	CAUSE OF DEATH		1	APPROXIMATE INTERVAL
	DISEASE OR CONDITION DIRECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A)IMMEDIATE CAU	SE Acut Pal	monary emboli	m / hour
	(This does not meen the mode of dying, e.g., heerl failure, osthenie, etc. It meens the disease,		CONSEQUENCE OF:		
	injury or complication which coused deoth.)		£ 1 1	0 4	
	ANTECEDENT CAUSES			o Acut massin	Maretin. 1 hour
	DISEASES OR CONDITIONS, if eny, giving	DUE TO, OR AS	A CONSEQUENCE OF:		
	rise le the obove couse (A) stoling the UNDERLYING CONDITION lest.	(c) Mul	tiple Myle	ma.	= yam,
	ll l	(C/			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
Ĕ	TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	*******************			<u> </u>
ERTIFIC,	19A DATE OF OPERATION 19B CONDITION FOR WHICH	H OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
ER	21A. ACCIDENT WAS UNDERLYING TO 1218 BLACK		ho,		-
-	AN CALLINDO HILLO I CVOSE OS HUGGE TO	m, foctory, street, offi	or obout 21 C. WHERE	DID (If In Boltima UR?	ore City, give exoci locotion)
Ù	DEATH (notify medical examinar) etc.)	-		_	
MEDI	OF INJURY	JRY OCCURRED		ID INJURY OCCUR?	
2	(APPROX.) While At Werk	Net While		-	
	22. I certify that (I) (this hospital) attended the de		may, 5	19_7/to3	anumana 22 anti/
	that (1) (we) lost sow the deceased alive an	January, 22	197/.	and that in (mv) (our) on	Inlan death accurred on the date
	ond hour and from the causes stated above. (1) (We	Mald Mald not) at	ew the hade efter-	anth	aveni avenijed oli ilie doli
	23A. SIGNATURE		on the body dital d	441116	23B, DATE SIGNED
	( himset Pretsaga	y , M. A. Atten	ding Med.	Stoff Phys.	
	23C.PHYSICIAN'S		Director 3D. ADDRESS	Phys. Lb	January, 22, 197
	23C.PHYSICIAN'S NAME (Type) CHUM SAK PRUK SA	PONG- M.D		Sicoum Harpi	tal.
4A	BURIAL CREMATION, 248, DATE 24C, NAME (REMOVAL (Specify)	of CEMETERY OF CREA			
					ity, town, or county) (Slote)
IS A		lawn Cemeter		Marriottsville	
	AN 26 1071 R. G. B. J. A.	GISTRAR	Witzke. 16	ector 30 Edmondson A	ADDRESS
/5	50-DEV. 1/1/68		1	> = FORMOTICISOTI W.	vu, RIRKO



V - 400	71	0780		HEALTH DEPARTMENT	REG. NO	71	0780
1. NAME OF DEC		-1 D 71		2. DATE AN	ID HOUR OF DEATH		
3. PLACE IN BAL	TIMORE, MARYLAND, Y	ph F. V	OII	1-24	-71		10:45A A
				4. USUAL RESIDENCE (Whe	re deceased lived. If i	nstitution; resid	ence before admission
FULL NAME OF HOSPITAL OR INSTITUTION			TUTION, GIVE STREET	Maryland, 212 c. CITY OR TOWN	229	SIDE CITY LIMIT	28-37
111)	ST. AGNES	HOSPITA	L	Baltimore		YES X	П ОИ
40	CATON & WI	LKENS A	VENUE	E. STREET AND NUMBER			
	BALTIMORE	MARYLA	ND 21229	421 Lyndhurst	Street		
. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1	Tr. If Under 24 Hrs
Male	Caucasian	WIDOWED	DIVORCED	12-12-08	lost birthdoy) 72	Months Do	ys Hours Min.
OA. USUAL OCCI	JPATION (Give kind of wor	108 KIND O	F BUSINESS OR INDUSTRE	11. BIRTHPLACE (Stote or fore	gn country)	12. CITIZEN	OF WHAT COUNTR
ione during most of v	working life, even if retired) d Auditor		S. G ovit		,		OI WILL COOKIE
3. FATHER'S NAM		0.	S. G OV.	Maryland		USA	
TOTAL S INAL				14. MOTHER'S MAIDEN NA	AE		
George J				Mary E. Con	nbs		
es, no or unknown!	Ever in U. S. Armed For	ces?	1 6- SOCIAL	17. INFORMANT		AC	DDRESS 01000
	, ,		SECURITY NO.	Man Manus	- 17-77 /07	T 1	21229
18. // 4	/ .		CAUSE OF DEATH	Mrs. Margueri	re AOTT 45		PPROXIMATE INTERVAL
OTHER SIGNIFI	R CONDITIONS, if above cause (A) CONDITION last.  II  CANT CONDITIONS CO	Stating the	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************		
C DISEASE OR CO	OPERATION 198 CON	T 1 (A).		***************************************			
Q	WAS PER	ORMED R	Lung.	20A. AUTOPST? (Yes or No)	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CO USES OF DEA	NSIDERED TH?
21A. ACCIDEN OR CONTRIBUT DEATH Inotify	T WAS UNDERLTING [TINO ] CAUSE OF medical examined	218 hometc.	ie, term, tectory, street, git	or obout 21 C. WHERE DID	(If In Boltimor	e City, give exc	oct fecetion)
21D. TIME	(Monthl (Doy) (Teorl	(Hour) 21E	INJURY OCCURRED	21 F. HOW DID INJU	IRY OCCUPY		
OF INJURT	1 24 7	/ Whi	ile At Not While		AT OCCUR.		
22	has (1) (abla baratas)				and a		
	hat (I) (this hospital		he deceased from	~ ,	7/ta	/- 1×	
	ast saw the decease			19 <u>7/</u> and tha	t in (my) (ear) apli	nlan death ac	corred on the date
and have and	you the causes stat	ed abave. (I	) (We) (did) (did nat) vi	ew the bady after death.			
23A. SIGNATUS	/					23B, DATE SIG	GNED
//3	abaney	gan	After Phys.	ding Med.	hys.	1/29	1/71
23C. PHTSICIAN NAME (Ty	Sabanayagam		PEGNEE	3D. ADDRESS	nys. —	/-	/ //
		0.000	DEGREE				
REMOVAL (SE			ME of CEMETERT of CRE	MATORY 24D. LO	CATION (Cit	y, town, or cou	untyl (Stotel
Buriel	1/27/7.	L Cr	estlawn	Bal	Ltimore, Mar	ryland	21229
AN 26 19	THEALTH DEPT.	ASE NAME O	F REGISTRAR	Witzke's Inc	\		ondson Ave.
150-REV. 1/1/61		200		THE BY THE		-)	

Date of operation - not known but not secent

VS 151-REV. 3/1/68

71 0782 BALTIMORE CITY HE	ALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH PEG NO 7/1 07992
BIŘTH NO.	REG. NO. T.E. O'JAC.
1. NAME OF DECEASED (Type or Print)	2. DATE Known K Month Doy Year Hnur
GEORGE W. CANAPP	OF DEATH Estimoted January 24, 1971 12:15 A.M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Manth Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION Union Memorial Hospital	January 24, 1971 12:15 A.M.
44 MUNICIPAL HOSPICAL	5. USUAL RESIDENCE (Where deceased lived, If Institution: residence before admission) A. STATE B. COUNTY
6. SEX 7. RACE 8. MARRIED X NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
Male White WIDOWED DIVORCED	Baltimore VES X NO
9. DATE OF BIRTH 10. AGE (in years     Under   Yr.   Under 24 Hrs.	E. STREET AND NUMBER
March 12,1908   lost birthday)   Months, Doys, Hours, Min.	1518 Cox Street
11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF	13. FATHER'S NAME
Md . WHATCOUNTRY?	John W. Canapp
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
done during most of working life, even Il retired).  Painter	? Craig
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
No SECURITY NO.	Catherine Canapp - 1518 Cox St.
19.4/2 CAUSE OF DEA	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY Hyperter	nsive cardiovascular disease
LEADING TO DEATH	
(This does not mean the mode of dying, e.g.,  (A)!MMEDIATE C  DUE TO, OR A	AUSE  S A CONSEQUENCE OF:
heart loilure, asthenio, etc. It means the disease, tnjury or camplication which caused death.)	
ANTECEDENT CAUSES	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  (B)  DUE TO, OR A	AS A CONSEQUENCE OF:
RISE TO THE ABOVE CAUSE (A) STATING THE	
(c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
0	
ZZA. EXTERNAL CAUSE WAS 228. PLACE OF INJURY(e.g.,	In or about 22C, WHERE DID (II in Saltimore City also exect location)
	In or about 22C. WHERE DID (II in Salitimare City, give exact location) bldg., etc.) INJURY OCCUR?
UTING ☐ CAUSE OF DEATH.  22D. TIME (Month) (Day) (Year) (Hour) 22E, INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
OF INJURY (APPROX) WHILE AT NOT	WHILE -
m. WORK AT W	DRK 🔲
I certify that I held on Inquiry Inspection K Aut	opsy ond that on this basis, death in my opinion
resulted from: Notural couses V Accident Suicid	
	CHIEF MEDICAL EXAMINER
ACTUAL / Led ///	ASSISTANT MEDICAL EXAMINED X
SIGNATURE M.D. EXAMINER'S D. 11 T. IV.	
NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER LJ January 24, 1971
24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, tawn, or county) (State)
REMOVAL (Specify) Burial 1/27/71 Lorraine Par	
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
Mile and O. P.	Donovan Funeral Home - 3818 Roland Ave
JAMES TO SELLE SERVERS OF SERVERS	0 7 8 1
VS 151-REV, 1/1/68	

with a series of the series of

FUNERAL DIRECTOR: IMPORTANT

RADATE OF DECEARD   Trys 9 Pfg		DRE CITY HEALTH DEPARTMENT
Types Python C. H. S. K. L. S. L. A. S. C. M. S. L. S.	BIRTH NO.	IFICATE OF DEATH REG. NO. 11 0783
THE NAME OF THE NAME OF THE WORK OF THE WO	(Type offinition) C. HACKIEU	1-24-71 7456
ANDRESS OR LOCADION  WILLIAM MEMORE 194 HOSPITAL  3374 + CALVE et St.  SEE ARCE  "MITTE WINDWED NEVER MARRIED NEVER MARRIED ST.  "MARRIED NEVER MARRIED NO NUMBER  STATA ROCE OF JEHRN STATE OF JEHRN STATE OF JEHRN STATE OF JEHRN MIN.  "MOONED NO	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admiss: A. STATE B. COUNTY
BAHT INDOE CITY VSS NO    SER ACCI MARKED   NEVER MARKED   STORT AND RUMBER SALE AND RUMBER SA	HOSPITAL OR ADDRESS OR LOCATION	
STREET AND NUMBER   STRE	Munion MEmorial Hospital	I b. major on things:
S. SEA  CALCE White White White White Whowed To More marked Whowed To Divorce	133rd + Calvert st.	E. STREET AND NUMBER
ON USUAL OCCUPATION (Give lined of weaking kink of Business or industry)  DIVORCED  IN CONTROL OF BUSINESS OR INDUSTRY II. BERTHACE (Side or foreign country)  IN CONTROL OF WHAT COUNTRY IN COUNTRY I	MARKIED   NEVER MARK	RIED 8. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. , If Under 24 F
ADDIESS AND BROWN  S. WELD DECESSED FOR IN U. S. ARMED SECRET.  Ten, no or unknown [III] yes, give wer or doles of service or unknown [III] yes, give wer or doles of service or security no.  DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean line mode of dying, e.g., leading or complication which caused deshill and secret, injury or complication which caused deshill and secret or control or complication which caused deshill and secret or control or complication which caused deshill and secret or control or complication which caused deshill and secret or control or complication which caused deshill and secret or control or complication which caused deshill and secret or control or complication which caused deshill and secret or control or complication which caused deshill and secret or control or complication which caused deshill and secret or control or complication which caused deshill and secret or control or complication which caused deshill and secret or control or complication which caused deshill and secret or control or complication which caused deshill and secret or control or complication which caused deshill and secret or control or complication which caused deshill and secret or control or complete or control or control or complete or complete or control or	ANDOMEDIA	CED 00 10 7 86
S. Wes Decessed Eve in U. S. Amed Fiscers?  Tes, no of unknown [Iff yes, give wer or doles of service]  16. SOCIAL  NO  17. INFORMANT  12. LEADING TO DEATH  This does not meen the mode of dying, e.g., head follow, subhenia, etc. I meens the disease, injury or camplication which caused death.]  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if only, giving rice lat the chove cause (A) staining the condition which caused death.]  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if only, giving rice lat the chove cause (A) staining the (C).  DISEASES OR CONDITIONS, if only, giving rice lat the chove cause (A) staining the (C).  DISEASES OR CONDITIONS, if only, giving rice lat the chove cause (A) staining the (C).  DISEASES OR CONDITIONS, if only, giving rice lat the chove cause (A) staining the (C).  DISEASES OR CONDITIONS, if only, giving rice lat the chove cause (A) staining the (C).  DISEASES OR CONDITION (Ball)  OITHE DEATH BUT NOT RELATED TO THE TERMINAL DISEASES OF CONDITION (B).  DISEASES OR CONDITION (B).  DISEASES OR CONDITION (B).  DISEASES OR CONDITIONS, if only, giving rice late chosen (C).  (C).  DISEASES OR CONDITIONS, if only, giving rice late chosen (C).  (C).  DISEASES OR CONDITION (B).  DISEASES OR CONDITIONS, if only, giving rice late chosen (C).  (C).  DISEASES OR CONDITION (B).  DISEASES OR CONDITIONS, if only, giving rice late chosen (C).  (C).  DISEASES OR CONDITION (B).  DISEASES OR CONDITIONS, if only, giving rice late chosen (C).  (C).  DISEASES OR CONDITION (B).  DISEASES OR CONDITIONS, if only, giving rice late chosen (C).  (C).  DISEASES OR CONDITION (B).  DISEASES OR CONDITIONS (C).  DISEASES OR CONDITION (B).  DISEASES OR CONDITIONS, if only, giving rice late chosen (C).  (C).  DISEASES OR CONDITIONS, if only, giving rice late chosen (C).  (C).  DISEASES OR CONDITIONS, if only, giving rice late chosen (C).  (C).  DISEASES OR CONDITIONS, if only, giving rice late chosen (C).  (C).  DISEASES OR CONDITIONS, if only, giving rice late chosen (C).  (C).  DISEASES OR CONDITIONS (C).  (D) (E) (C) (C)	nonE	III. BIRTHPLACE (State or foreign country)
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UNDERLYING CONDITION last.  (C)	AITIECEDEITI CAOSES	me 10 CH 15 415 ago.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION OF WEN IN PART I (A).  19A.DATE OF OPERATION [19B. CONDITION FOR WHICH OPERATION   20A. AUTOPSYT (Yes or No)   20B. IF YES, WERE FINDINGS CONSIDERED   IN CERTIFFING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about   21C. WHERE DID   INDURY COURTED   IN CONTRIBUTING   CAUSE OF DEATH?  21D. TIME (Month) (Doy) (Year) (Hour)   21E. INJURY OCCURRED   While AI Work   AI W	lune to the opene conse (V) Stating like	), OR AS A CONSEQUENCE OF:
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).  DISEASE OR NOTION GIVEN IN PART I (a).  DISEASE OR CONDITION GIVEN IN PART I (b).  DISEASE OR CONDITION GIVEN	UNDERLYING CONDITION last. (C)	
199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 200. AUTOPSY? (Yes or No.) 208. IF YES, WERE EINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21A. ACCIDENT WAS UNDERLYING AUSES OF DEATH?  21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II In Boltimore City, give exect location) home, form, fociory, street, office bldg-injury OCCUR?  21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work  221D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work  222. I certify that (II) (this hospital) attended the deceased from 19 1 and that in (my) (aur) apinian death occurred on the date and haur and from the causes stated abave. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE CLARAS NAME (Type) Charles Fazekas M.D. DEGREE Phys. Director Phys. Burial Cremation, 248. Date 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)  Burial 1/28/71 St. Mary's Cem Hampden Baltimore, Md.  5A. Date REC'D By HEALTH DEPT. 258. NAME OF REGISTRAR [25C. FUNERAL DIRECTOR]	F TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
213. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (notify medical examine)  216. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg, INFURY OCCUR?  210. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While AI Work  22. I certify that (I) (this hospital) attended the deceased from 19 1 ta 19 7 and that In (my) (aur) apinian death occurred on the date and haur and fram the causes stated abave. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE CLUCK LLC DEGREE Phys. DEGREE Phys. DEGREE Phys. DEGREE Phys. DEGREE Phys. Cluck LC ACCS M. D. OFGREE Phys. Carporology (City, town, or county)  4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY Baltimore, Md.  SA. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR.	19A DATE OF OPERATION ILOR CONDITION FOR WHICH OPERATION	
OF INJURY  (APPROX)  While AI Work  22. I certify that (I) (this hospital) attended the deceased from 19 II ta 19 II  that (I) (we) last saw the deceased alive an 19 II and that In (my) (aur) apinian death occurred on the date and haur and fram the causes stated abave. (I) (We) (did) (did not) view the body after death.  23A. SIGNATURE  CLOCKE LUC LUC DEGREE  Phys.  AHending Med. Stoff Director Phys.  23D. ADDRESS  NAME (Type) Clockes Fazekas  AA. BURIAL CREMATION, REMOVAL (Specify)  Burial  1/28/71 St. Mary's Cem.—Hampden  Baltimore, Md.  SADDRESS  ADDRESS	OR CONTRIBUTING CAUSE OF	RY (e.g., in or obout 21C. WHERE DID street, office bldg INJURY OCCUR? (II In Boltimore City, give exoci location)
Not While   Not While	W OF INITION	RED 21F. HOW DID INJURY OCCUR?
that (I) (we) last saw the deceased alive an	While AI	
and haur and fram the causes stated abave. (i) (We) (did) (did not) view the body after death.  23A. SIGNATURE  CLECT CLECK LLD  DEGREE  Attending Med. Director Phys.  23B. DATE SIGNED  23B. DATE SIGNED  23B. DATE SIGNED  23C. PHYSICIAN'S NAME (Type) Clearles Fazekas  Attending Med. Director Phys.  23D. ADDRESS  M. D.  4A. BURIAL CREMATION, REMOVAL (Specify)  Burial  1/28/71 St. Mary's Cem Hampden  Baltimore,  Md.  SA. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  1/25C. FUNERAL DIRECTOR  ADDRESS  DEGREE  23B. DATE SIGNED  23C. PHYSICIAN'S  Phys.  23D. ADDRESS  4A. BURIAL CREMATION, REMOVAL (Specify)  Burial  1/28/71 St. Mary's Cem Hampden  Baltimore,  Md. DRESS  ADDRESS		
23A. SIGNATURE  CLOCKE CLOCKES CONTROL Attending Med. Director Phys.  23C. PHYSICIAN'S NAME (Type) Clockes Fazekas M.D.  23D. ADDRESS Multin McLicard Hosp.  23D. ADDRESS Multin McLicard Hosp.  24D. Location (City, town, or county) (Stote)  Burial 1/28/71 St. Mary's Cem Hampden Baltimore, Md.  5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS	The second section of the second section of the second second	
Attending Med. Director Phys.  23C. PHYSICIAN'S NAME (Type) Charles Fazekas M.D.  23D. Address Mullin Mulcural Hosp.  24C. Name of CEMETERY of CREMATORY  Burial 1/28/71 St. Mary's Cem Hampden Baltimore, Md.  5A. DATE REC'D BY HEALTH DEPT.  25B. NAME OF REGISTRAR  1/26C. FUNERAL DIRECTOR  ADDRESS  AND DEESS.		
23C. PHYSICIAN'S NAME (Type) Charles Fazekas M.D. 23D. Address Mulon Ullicated Hosp.  4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)  Burial 1/28/71 St. Mary's Cem Hampden Baltimore, Md.  5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS.	chester azelle un	Attending Med. Staff
44. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)  Burial 1/28/71 St. Mary's Cem Hampden Baltimore, Md.  54. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 125C. FUNERAL DIRECTOR ADDRESS.	23 C. PHYSICIAN'S	23D. ADDRESS
Burial 1/28/71 St. Mary's Cem Hampden Baltimore, Md.	AA, BURIAL CREMATION, 248. DATE 24C. NAME of CEMETER REMOVAL (Specify)	OFGREE
	Burial 1/28/71 St.Mary's	CemHampden Baltimore, Md.
AHI DA DE MOTALIO MAN	JAN 26 WAY WOOD E STATE TO SENTENCE AND SENT	Donovan Funeral Home - 3818 Roland A



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	pe or Print)		s Hinto	on			2. DATE OF	Known XX	Month	Doy	Yeor	Hnur
-	DI ACE INI BAT				RONOUNCED D	SAD	DEATH	Estimated	1	18	71	7:40 а. м.
FU	LL NAME OF SPITAL INSTITUTION				TITUTION, GIVES			NCED DEAD	Month 1	18	71	7:40 a. M.
OK	THE THORNE	Lut	heran I	Hospi	Ltal		5. USUAL RE A. STATE Md.	SIDENCE (Where	dece ased l	B. COUNTY	residence	before odmission)
6.	SEX	7. RACE		B. MARI	RIED NEVER	MARRIED	C. CITY OR	IOWN		D. INSIDE CI	TY LIMITS	?
	male	Negr	o.	WIDOV	VED D	VORCED [	Ba	lto.		V	ES 🗌	No 🗆
	DATE OF BIRTH		10. AGE (In lost birthday	yeors	If Under 1 Yr, If Months   Days	Under 24 Hrs.		ND NUMBER 47 N. Ben	talou		.3 [_]	NO
	BIRTHPLACE(S		gn country)		12. CITIZEN OF		13. FATHER'S	NAME		00.		
144	1timore	PATION (GIV	e kind of work!	48. KINI	OF BUSINESS	OR INDUSTRY	115. MOTHER	SON HINT	MF			
don	e during most of w	orking life, ex	en if retired)		3. 555	- A HIDOURI	1 15					
	Child	- F1400 101						Parker				
	WAS DECEASE s, no or unknown)					RITY NO.	18. INFORM				DDRESS	
							Lucy	Hinton-	847	N. Bentl	ow S	treet
	19. 42 /	0;			CA	USE OF DEA				and the second		APPROXIMATE INTERVAL
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		EADING TO		-161								
	(This does no	of mean the	mode of dyl	ng, e.g.,	(A	DUE TO, OR A	AS A CONSEQU	ENCE OF:				
	injury or com	plication whi	. It means the ch coused deat	diseose, th.)								
		ITECEDENT			(8)	)						
	RISE TO THE	ABOVE CA	ONS, IF ANY, USE (A) STATE	GIVING		DUE TO, OR	AS A CONSEQ	UENCE OF:				
7	UNDERLYIN	G CONDIT	ION LAST.		(c)							
ō			II		(0,	/ *************************************						
CERTIFICATION	TO THE DEA	TH BUT NOT	NDITIONS CO RELATED TO T GIVEN IN PA	HE TERM	INAL							
	20A. DATE OF	OPERATIO	1 208. CON	DITION	FOR WHICH OP	ERATION WA	AS PERFORME	D			21. AUT	OPSY? (Yes or No)
EDICAL	UNDERLYING		TRIB-		228. PLACE OF home, form, focto	INJURY (e.g., ry, street, office	in or obout 22 bldg., etc.) IN	C. WHERE DID	(If In Boltimo	ore City, give exo	cl location	
ME	UTING L CAL		Ooy) (Yeor)	(Hou	r) 22E.INJURY	OCCURRED	22	F. HOW DID IN	IURY OCC	UR?		
	OF INJURY (APPROX.)		()	(,,,,,	m. WHILE AT WORK	TON	WHILE -	. HOW DID IN	JOKT OCC	OK!		
	23.					I AT W						
		fy that I h		quiry [		on XX Aus	top sy	ond that on th	nis basis,	death in my	opinion	
	result	ed from: N	atural saus	es XX	Accident	Suicid	e Hor	nicide 🗌	Undetermi	ned monner		
		-	+1	11.	1017		C	HIEF MEDICAL E	XAMINER			
	ACTUAL SIGNATU	IDE >	Su	LL	once	4 40	ASSIS	ANT MEDICAL E	XAMINER			DATE SIGNED
	EXAMINE		1/			7_M,D,	•	IATE MEDICAL E		П		
	NAME (T						A3300	HATE MEDICAL E	AAMINEK			
	A. BURIAL CREM	ATION, 12	48. DATE		24C. NAME o	CEMETERY	or CREMATOR	Y 24D.	LOCATION	(City, town	, or county	(Stote)
KE	MOVAL (Specif	200	1/25	1711	mi	Pol	1000	1	4	Q (2)	/	
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Julius .

NICKE LABOUR TOWNS

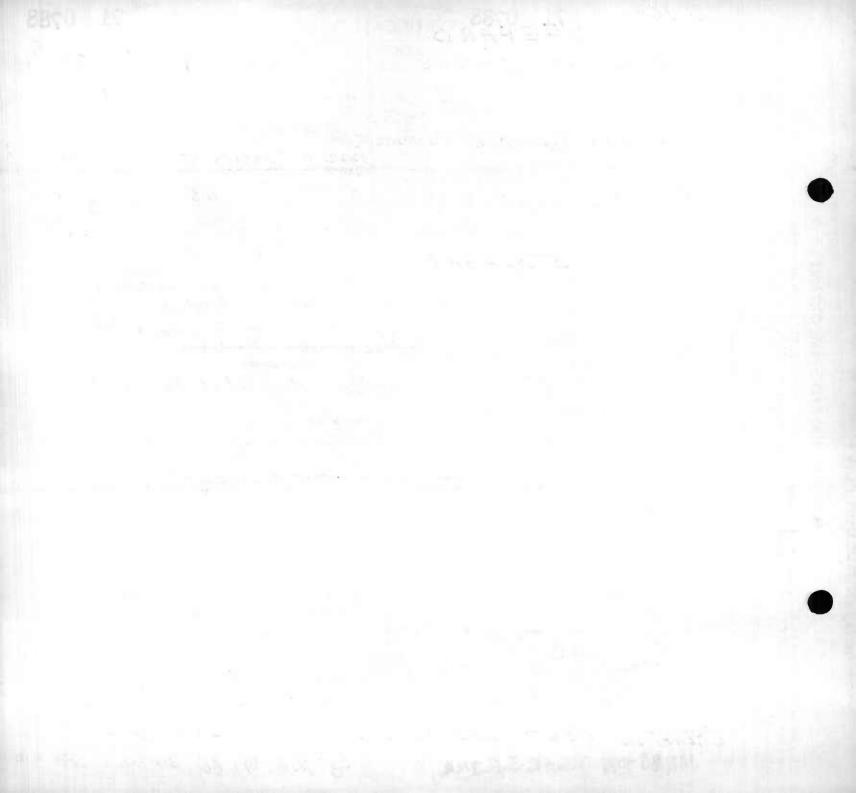
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M 12711 0786 BALTIMORE CITY HE	
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 74 0786
DIKITI IAO.	REG. NO
I. NAME OF DECEASED (Type or Print)  Michael E. McQuaid	2. DATE Known Manth Day Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimated Manth Day Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  OR INSTITUTION	PRONOUNCED DEAD 1 18 71 7:35 P
00 5013 Park Heights Ave.	S. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  A. STATE Maryland  B. COUNTY  27-17
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white WIDOWED DIVORCED	Baltimore YES NO NO
9. DATE OF BIRTH  June 13, 1900  10.AGE (in years of Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.	E. STREET AND NUMBER 5013 Park Heights Ave.
11, BIRTHPLACE (State or lareign country) 12, CITIZEN OF	13. FATHER'S NAME
Prince Edward Island, Canada U.S.A.	Thomas McQuaid
14A.USUAL OCCUPATION (Give kind of work) 4B. KIND OF RUSINESS OF INDUSTRY	15. MOTHER'S MAIDEN NAME
done during most of working lile, even if retired)  Dentist	Mary Ann Kelly
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	18. INFORMANT ADDRESS
(Yes, no orunknown) (If yes, give wor or doles of service) SECURITY NO. 214 38 9757	Mr. Wilfred T. McQuaid 403 Alleghany Avenue
19. 4/12. 4 . CAUSE OF DEA	TH APPROXIMATE INTERVAL
	BETWEEN ONSET AND DEATH
LEADING TO DEATH	clerotic cardiovascular disease
(A)IMMEDIATE C	AUSE S A CONSEQUENCE OF:
heart follure, asthenio, etc. It meons the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (0)	
DISEASES OF CONDITIONS IS ANY CHUNG	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	
(d)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	i
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	
	no
UNDERLYING OR CONTRIB.  UTING CAUSE OF DEATH.	in ar abaut 22C. WHERE DID (If In Boltimare City, give exoct location) bldg., etc.) INJURY OCCUR?
22D. TIME (Month) (Day) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT WORK AT WO	WHILE C
23.  1 certify that I held an Inquiry Inspection X Aut	
resulted from: Natural causes, Accident Suicid	
ACTUAL MOMANIA SPE	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Werner II. Spirz. M.D. D	ASSOCIATE MEDICAL EXAMINER
24A, BURIAL CREMATION. 124B, DATE 124C NAME of CEMETERY	eputy Chief Medical Examiner 1/19/71 or CREMATORY   24D. LOCATION (City, town, or county) (Stole)
REMOVAL (Specify)	(Siole)
Burial 21 JAN 71 New Cathedral 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	
JAN 26 1971 Public C. Salar C.	J. D. Lowell Jemmon 6500 York Road
/S 151-REV. 1/1/68	- U/I TOJOO TOTK ROZQ

Andreas, we have to be the property of the state of the s



VS 150-REV, 1/1/65

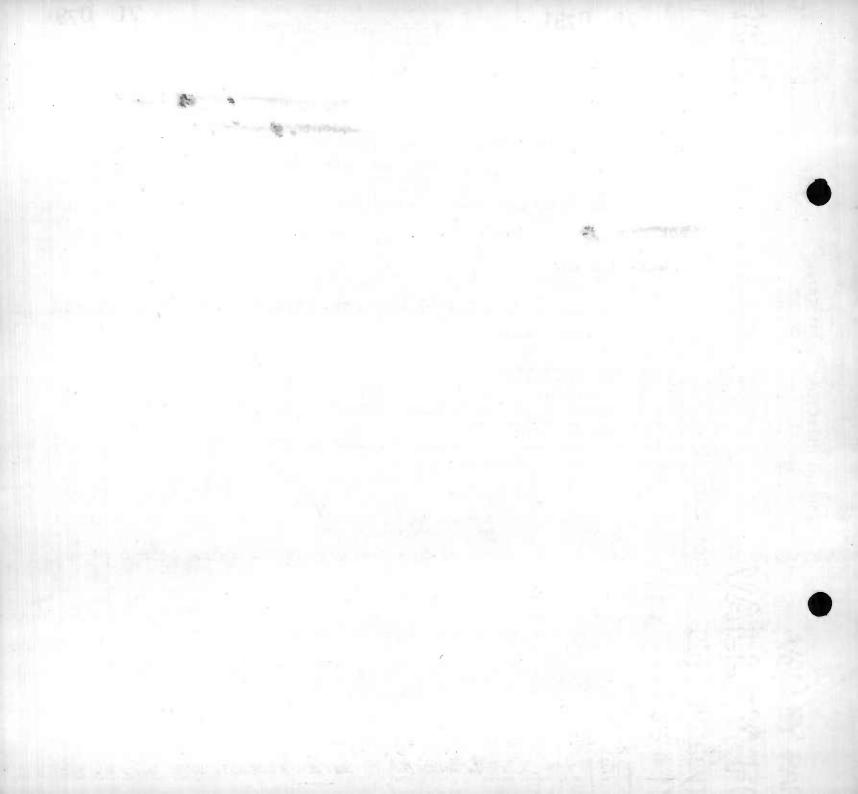




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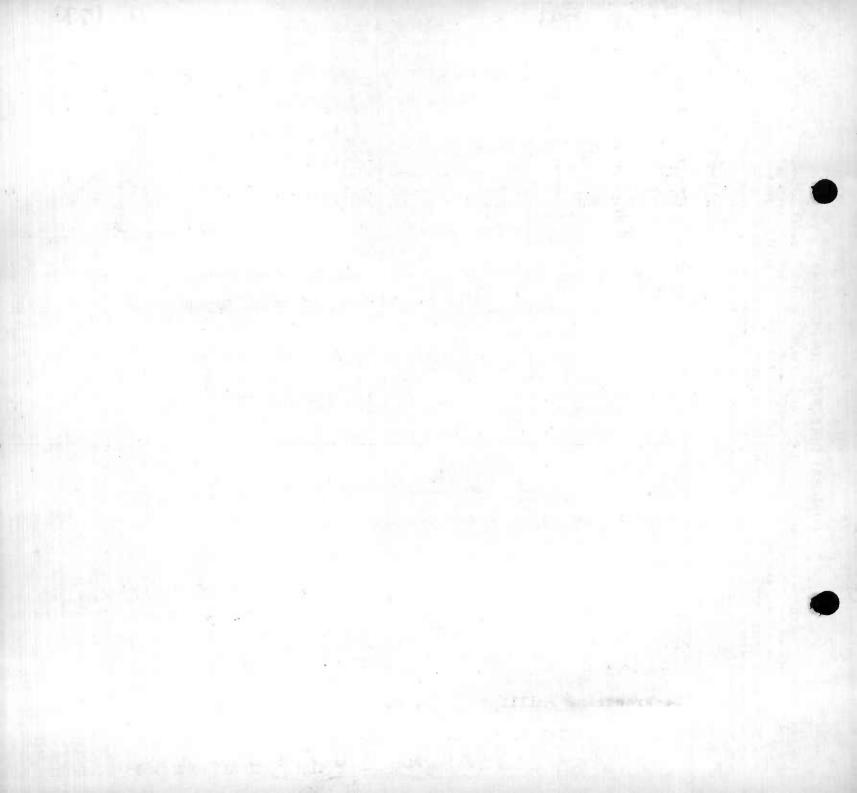


71 0792 BALTIMORE CITY HEALTH DEPARTMENT

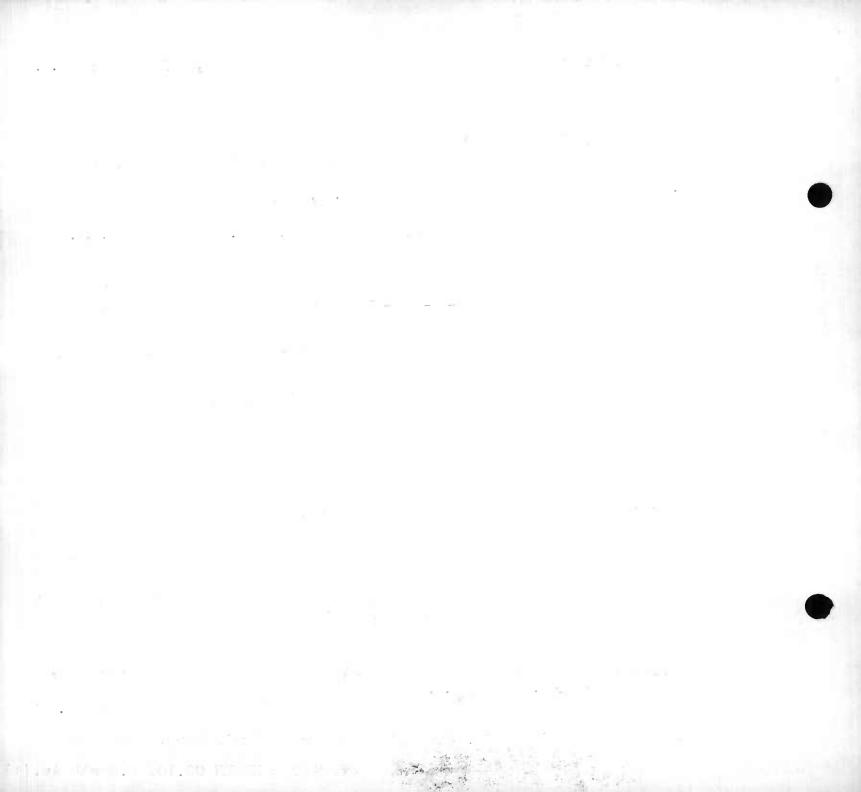
BIRTH NC.	WED	OICAL E	XAMINER'S C	CERTIFIC	CATE OF	DEATI	REG. NO.	71	079	3_
1. NAME OF DEC	CECEL			2. DATE OF DEATH	Known K	Month Januar	y 20,	Yeor 197 <b>1</b>	Hour	м.
4. PLACE IN BAI FULL NAME OF HOSPITAL OR INSTITUTION	LTIMORE, MARYLAND, Y (IF NOT IN HOSPIT, ADDRESS OR LOCA	L OR INSTITUTI			NCED DEAD		y 20,		1:45	P. M
00	1667 West No	orth Ave	enue	A. STATE	Maryland		B. COUNTY	n; residence b	15-0	on)
6. SEX	7. RACE	8. MARRIED	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE C	ITY LIMITS?	0	
Female  9. DATE OF BIRT	Negro	WIDOWED	DIVORCED Inder 1 Yr. If Under 24 Hrs.	E CYDERY A	Baltimor ND NUMBER	e	Υ	ES K 1	NO 🗆	
1-6-190	8 lost birthdo	() Mon!	ths Doys Hours Min.	E. SIKEEL A	1667 Wes	t North	Avenue	2		
Virg	pinia	V	CITIZEN OF WHAT COUNTRY? USA	13. FATHER'S	v Tavlo	r				
done during most of v	PATION (Give kind of work vorking life, even if retired)	4B. KIND OF	BUSINESS OR INDUSTRY	15. MOTHER	'S MAIDEN NA	ME				
Domesti	.C	PVt Fa	amily	Mary	Johnso	n				
NO NO OF Unknown	ED EVER IN U.S. ARMED	of service)	17. SOCIAL SECURITY NO. 214-20-719	18. INFORM 7 Mr.	Pratt M	urray		DDRESS W. NOI	cth Av	renue
19.E 95	3XI		CAUSE OF DEAT	Н					ROXIMATE INTE	
(This does n heart follure, injury or con	E OR CONDITION DIRECT LEADING TO DEATH of mean the mode of dyl , osthenio, etc. it means the nplication which caused dea	ng, e.g., diseose,	(a) IMMEDIATE C. DUE TO, OR A		anging ENCE OF:					we dry would
DISEASES OF THE UNDERLYIN	NTECEDENT CAUSES DR CONDITIONS, IF ANY E ABOVE CAUSE (A) STAT RIG CONDITION LAST.  If IFICANT CONDITIONS CO	ING THE	(B)(C)	AS A CONSEQ	UENCE OF:					
	TH BUT NOT RELATED TO	THE TERMINAL	PP-10-000000000000000000000000000000000	************	****					
20A. DATE OF	OPERATION 20B. CON	DITION FOR	WHICH OPERATION WA	S PERFORME	D			21. AUTOP	SY? (Yes or	No)
UNDERLYING UTING CAI  22D. TIME (	VAL CAUSE WAS OR CONTRIB- USE OF DEATH. Month) (Day) (Year) 1-20-71 2	(Hour) 22	LACE OF INJURY (e.g., I form, foctory, street, office HOME, E.INJURY OCCURRED. HILE AT NOT VORK AT WO	WHILE TO	C. WHERE DID JURY OCCUR? 1667 Wes F. How DID IN. Hanged se	t North	Avenue	ct locotion)	sement	2/
l certi result ACTUAL SIGNATU EXAMINE NAME (T	ed from: Natural caus	31,0	Autocident Suicide Suicident Suicide Suicident M.D. gate, M.D.	ASSIST	and that on the control of the contr	Undetermine XAMINER [ XAMINER [	ed manner		DATE SIGNE	
24A. BURIAL CREA REMOVAL (Specif Burial	1-23-1		Arbutus Memo			location ltimor		, or county)	(Stote) Maryl	
25A. DATE REC'D	AN 26 1971	25B. NAME	OF REGISTRAR	25C. FL	BEROFUN	)R	IA	DDRESS		
S 151-REV. 1/1/AR					TA JI ON.	TIME H	OME 31	035 W.	NORT	H_AV

IMPORTANT

FUNERAL DIRECTOR:







IMPORTANT

**DIRECTOR:** 

FUNERAL

6:50 A.M.

APPROXIMATE INTERVAL

BALTIMORE CITY HEALTH DEPARTMENT

D. INSIDE CITY LIMITS? NO

21207

If Under 1 Yı. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY?

ADDRESS

BETWEEN ONSET AND DEATH l dav 20 years

IN CERTIFYING CAUSES OF DEATH?

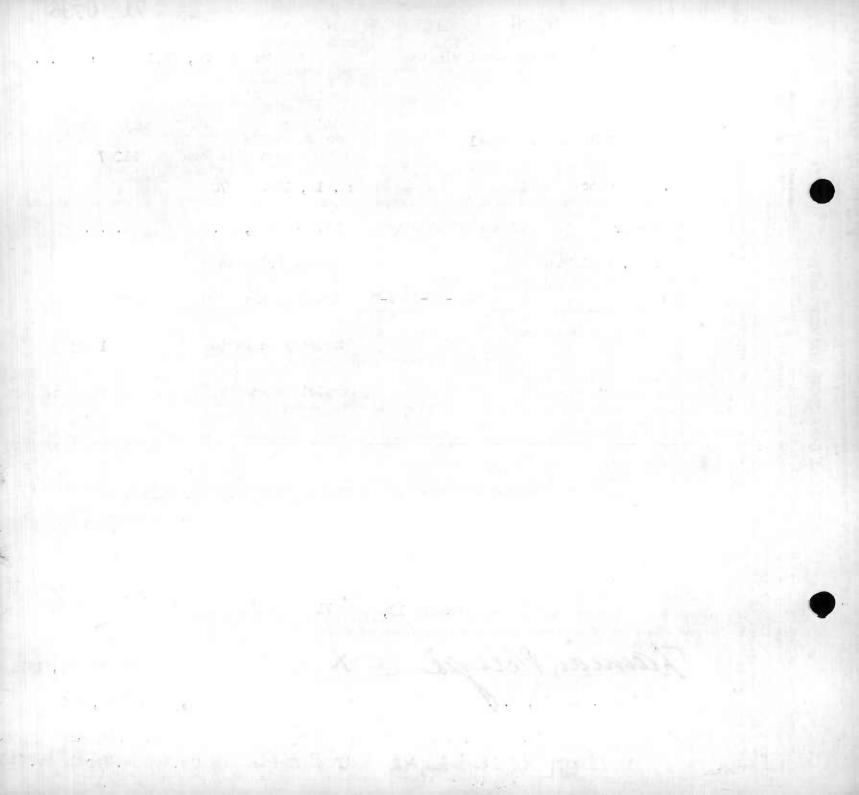
(If in Boltimore City, give exact location)

to January, 1971

....ond that in(my) (our) opinion deoth occurred on the date

Baltimore, 21228

STEWART & MOWEN CO. 108 W. North Av. (1)

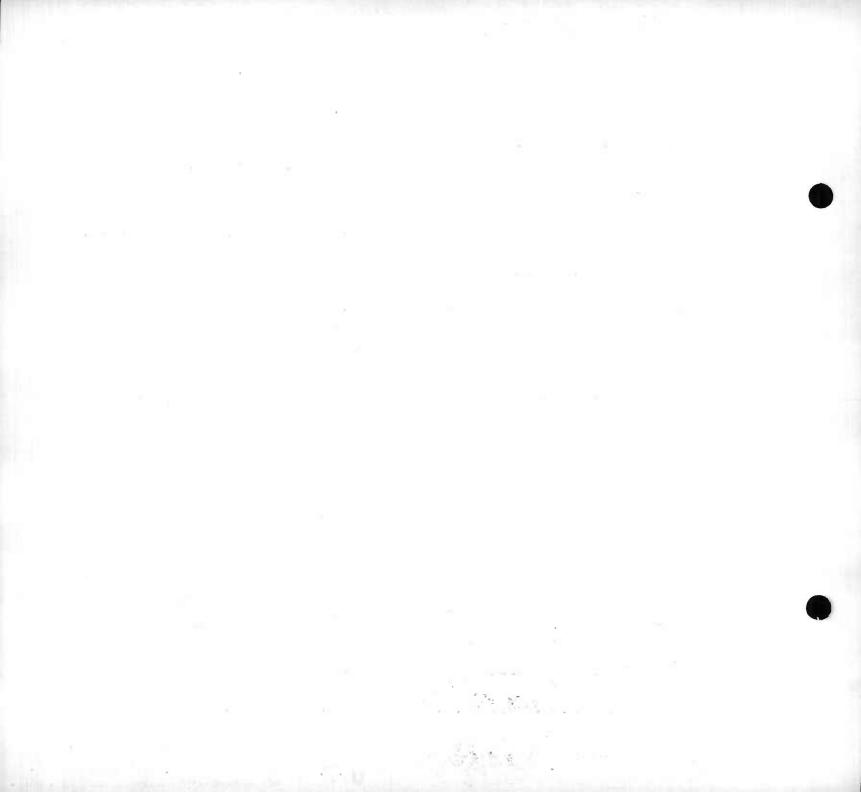




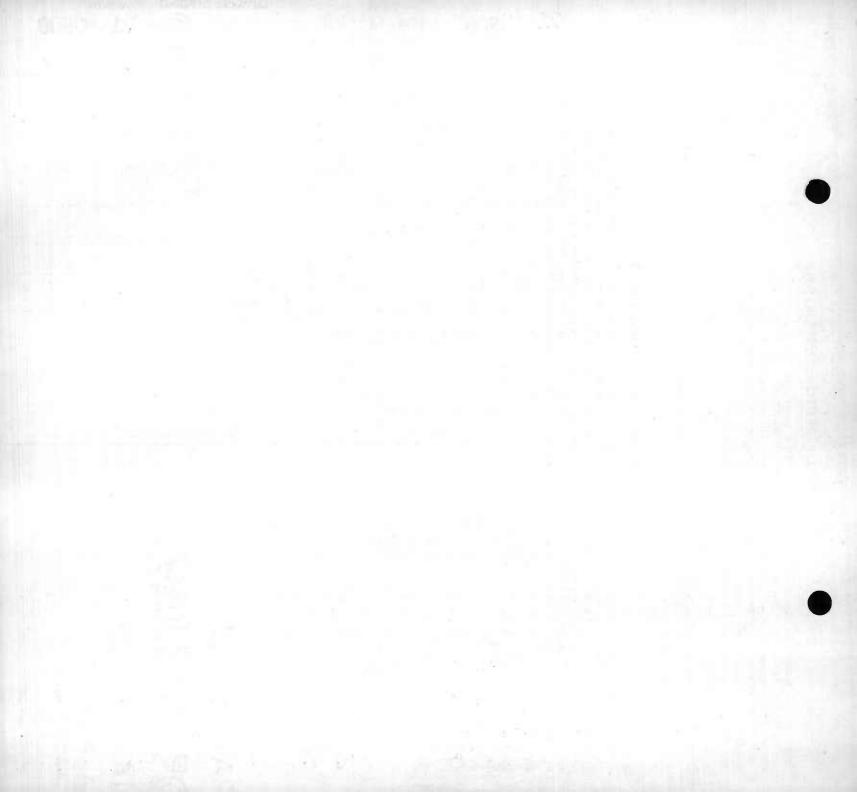
(9-450)	17. 5	BALTIMORE CITY	HEALTH DEPARTMENT	No. 71 0798
BIRTH NO.	71 07	98 CERTIFICA	TE OF DEATH REG.	No. /1 0/30
NAME OF DECEASED Type or Printl	Frederick	F. Gallienne	2. DATE AND HOUR OF	
PLACE IN BALTIMORE, A	MARYLAND, WHERE PRO	ONOUNCED DEAD	Jan. 25,	ved. If institution; residence before admission
			A. STATE B. COUNTY	ved. Il Institution: residence beloto odmissio
FULL NAME OF (IF N HOSPITAL OR ADD NSTITUTION	OT IN HOSPITAL OR IN	STITUTION, GIVE STREET	Maryland	10-03
0 3			Baltimore	D. INSIDE CITY LIMITS?"  YES THE NO
00 2706 N	. Calvert S	Street	E. STREET AND NUMBER	YES TO NO
			2706 N. Calvert S	Street
	WIDON	VED DIVORCED	B. DATE OF BIRTH 9. AGE (In your lost birthdoy) 68	Months Doys Hours Min.
A. USUAL OCCUPATION	Sive kind of work 10B, KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or foreign country)	12. CITIZEN OF WHAT COUNT
lone during most of working life, Ret'd. Truck		Oil	New York City, N	. Y. U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
	Gallienn	е	Leona S	ammis
5. Was Deceased Ever in U. (es.no or unknown) (11 yes, gi	S. Armed Forces?	ce) SECURITY NO.	17. INFORMANT	ADDRESS
No		215-03-4104-	A Mrs. Nancy M.	Gallienne Same
1B. 4/2.4	1	CAUSE OF DEATH		APPROXIMATE INTERVAL
DISEASE OR CO	NDITION DIRECTLY		Arteus derobie Ca	uclio - BETWEEN ONSET AND DEAT
(This does not meon	TO DEATH	(A) IMMEDIATE CAU		5 years
heart foilure, asthenio,	elc. It meons the dise	DUE TO, OR AS	A CONSEQUENCE OF:	0.00
injury or complication			VASculus Gra	ease
	ENT CAUSES			
DISEASES OR COND	ITIONS, if any, give	ing DUE TO, OR AS	A CONSEQUENCE OF:	
UNDERLYING CONDIT		(c)		
	11	_	. /	
OTHER SIGNIFICANT CONTON	IDITIONS CONTRIBUTION	NG Scares	in obesity	
DISEASE OR CONDITION	GIVEN IN PART 1 (A).	//		***************************************
19A-DATE OF OPERATIO	WAS PERFORMED	OK WHICH OPEKATION	20A. AUTOPSY? (Yes or No.) 20B. IP YES	WERE FINDINGS CONSIDERED
2TA. ACCIDENT WAS U	NDERLYING T	218. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID	Bolilmore City, give exoct location
DEATH (notify medical ex	AUSE OF Comled	home, form, factory, street, of	fice bidg. INJURY OCCUR?	boliumore City, give exoct tocollon;
21D. TIME (Month)	(Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)		While At Work Not While At Work	· 🗆	
22. I certify that (1) (t	his hospital) attende	d the deceased from	1966 19	Jan 25 1071
that (1) (we) last saw			7.0	our) apinion death occurred an the dat
		. (I <del>) (Wo)</del> (dtd) (dld not) vi	111 (111)	, -pinnon dodin occorred di fine dai
23A. SIGNATURE		- 1.7 () (=21) (ala 1101) V	The body until deding	23B, DATE SIGNED
Maria	Mac Jan		Med. Staff Phys.	JAN 25, 1971
23C. PHYSICIAN'S NAME (Type)	vocage!	OEGREE Phys	3D. ADDRESS	13.10 -41.171
NAME (Type) Dr	. Sheldon G	Goldgeier	848 W. 36th Stree	et
IA- BURIAL CREMATION,	24B. DATE 1240	NAME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, town, or county) (State)
Burial (Specify)	1-27-1971	Parkwood Ce		
SA. DATE REC'D BY HEALT				Day of the second secon
TARE DE WARRE	30 0 6 5 A	NE OF REGISTRAR	25C. FUNERAL DIRECTOR	& Sons Co.
150-PEV 1/1/49	Party of a grant	LAND Y	Henry Workerkins	Balto., Md. 21212



Dina			BALTIMORE CITY	HEALT	H DEPARTMENT					
BIRTH NO.	71	0799	CERTIFICA	TE C	F DEATH	REG.	No	17/4	A-799	
1. NAME OF DECEASE	D				2. DATE	AND HOUR OF	DEATH	11	5/50.	
A	nne Riggs	Folli	s Riepe		J 8	an. 2/1.	197	1 1660	35 0.	
3. PLACE IN BALTIMO				4. USU A. STA	AL RESIDENCE (WI	here deceased liv	ed. Il inst	itution: residence	before admis	sion)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCAT	L OR INSTITUTI	ION, GIVE STREET	Md				12	-01	
					ORTOWN 1 timore			E CITY LIMITS?		
3803 S	t. Paul S	t.			ET AND NUMBER			YES KIK	ио 🗌	_
40				38	03 St. Pa	aul St				
5. SEX 6. RA	CE 7	MARRIED X	NEVER MARRIED		OF BIRTH	9. AGE (In ye	ofs	11 Under 1 Yr.	Il Under 24	His.
F		WIDOWED	DIVORCED _	4-	26-06	lost birthdoy)	64	Months Doys	Hours Mi	n.
IOA. USUAL OCCUPATION of working	ON (Give kind of work )	OB, KIND OF BI	USINESS OR INDUSTRY	11. BIRT	HPLACE (State or fo	leign country)		12. CITIZEN OF	WHAT COU	NTRY
Housewi	_	Own	n Home	Ba	ltimore.	Md.		U.S.A		
3. FATHER'S NAME				1	HER'S MAIDEN NA					
Richar	d H. Fol	lis		Lo	uise	Rigg	S			
5. Was Deceased Ever (es, no or unknown) (If ye	11 6 4 4 4		SOCIAL	17. INFO		*** 66		ADDR	F55	
no	a, give wor or doles	or selvices	SECURITY NO. 15-46-5046	Т	Creight	an Roin	_	Same		
18. 45 //	V 1		CAUSE OF DEATH		OI GI GII	ou werb	0		XIMATE INTERV	
DISEASE OR	CONDITION DIRE	CTLY		0	. 0 - 0			BETWEEN	ONSET AND D	EATH
	ING TO DEATH		(A) IMMEDIATE CAU	SE /	elasta	elie()	ine	22 2	Scren	7 -
heori lailure, asihe	on the mode of d	a disansa	DUE TO, OR AS		QUENCE OF:		************		- f	1040
injury of camplical	an which caused d	eath.)	ov			1.1	0	- 1		
	EDENT CAUSES		(B) Less-	sev	C Mic 0	Pithol	Free	at 1/-	yes.	ľ
nse la lhe abo	ONDITIONS, if an ove cause (A) s	y, giving Ialina the	DUE TO, OR AS	A CONSI	QUENCE OF:	71		*******	-	••
UNDERLYING CO	NDITION last.		(c)							
	11									_
I TO THE DEATH RUT	CONDITIONS CONT	TERMINIAL								
DISEASE OR CONDIT	ION GIVEN IN PART 1	(A).	CH OPERATION	120 A	UTOPSY? (Yes or N	all 200 IF V.a.				
0	WAS PERFO	RMED				IN CERTIFYIN	IG CAUSI	DINGS CONSIL	DERED	
OR CONTRIBUTION	S UNDERLYING	21 B. PL/	ACE OF INJURY (e.g., in	or obout	no 21 C. Where DID	(If In F	oltimore C	ity, give exact le	neation)	
DEATH (notify medic	CAUSE OF	home, i	form, foctory, street, offi	ce bldg.,	INJURY OCCUR?	W 111 6		MA' BIAR SYOCI K	conon	
21D.TIME (Mont	h) (Doy) (Yeor) (	Hour 21E IN.	JURY OCCURRED		21F. HOW DID IN.	IIIDY OCCUP				
OF INJURY (APPROX.)		While A	At Not While			P CCCOR			0	
22 1	1) (41) 1	Work	At Work	<u> </u>	1 -44	4		N	<u></u>	
that (1) (we) last a	(this hospital) o	ittended the d	Jan 1		and o		an.		19_ <i>Z</i>	
7.					7/ and th	nat In (my) (au	g) apinia	n death occu	red on the d	ote
23A. SIGNATURE	the causes stated	abave. (I) (W	(e) (dld) (dld not) vf	ew the l	oady after death.					
1 > - 0	1000		Allen	dina 🏎	44-4	F. # —	23	B. DATE SIGNE	D/	_
23C. PHYSICIAN'S	D. all	Del 1	Aften Phys.		Med. Director	Staff Phys.		1/25/	71	
NAME (Type)			23	D. ADDI				'		
A. BURIAL CREMATIO	de B. Al	lan 1	M.D. DEGREE	6	E. Eager	St.				
REMOVAL (Specily)	N, 248, DATE		of CEMETERY OF CREA			OCATION	(City, 1	lown, or countyl	(Stote)	
Burial_	1-26-71		id Ridge C	emet	ery P	ikesvil	le.	IV.	ld.	
A DATE REC'D BY HE	ALTH DEPT. 25	B. NAME OF R	EGISTRAR	25C. F	UNERAL DIRECTOR			, ADD	RESS	
THE DE WAY	E San S S	15 R. T.	3 5 0 0	OH.	.Jenkan	s sons	Co	4905 Yo	ork Rd	NA
150-REV. 1/1/68										



1 4.534	BALTIMORE CITY I	HEALTH DEPARTMENT			
BIRTH NO.  1. NAME OF DECEASED	CERTIFICAT	TE OF DEATH	REG. NO	71 0800	
1, NAME OF DECEASED (Type or Print) RUTH MAE	HUNDL	. /	S/7/ 6:25	PM P	v
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	FD DEAD		e deceased lived. If instit	ution: residence before admission	)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)			BALTIMORE		
INSTITUTION MADRESS OF LOCATION	PITAL	C. CITY OR TOWN	D. INSIDE	ES NO	
WION MEMORIAL HO.	SFIIIE	E. STREET AND NUMBER	1 ,	1	-
49		2921 60	X/L F OILD	AVE	
	INEVER MARKIED	12/21/06	9. AGE (In years tost birthdow)	If Under 1 Yr. If Under 24 Hrs Nonths Doys Hours Min.	
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	DIVORCED SINESS OR INDUSTRY		reign country)	12. CITIZEN OF WHAT COUNTR	Y
done during most of working life, even if retired)	ELEPHONE C	P.	3.	USA	
13. FATHER'S NAME	1	4. MOTHER'S MAIDEN NA	AME		
RICHARO G. CR	055	IDA	MAE J	ONES	
		7. INFORMANT		ADDRESS	
A 1	15-03-7219	MR. CRAM	ER HUNDLEY	CIRCLE TOWSO	h
18.4.31.91	CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	Н
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CANAL SOLATE CALLS	LEFT In	TRACEREBEA	10 Hours	
(This daes not meon the mode af dying, e.g., hearl foilule, osthenio, etc. It meons the diseose,	DUE TO, OR AS A	CONSEQUENCE OF: H	EMMORRITHE		
injury or complication which caused death.)	A A	// "	_,,,,,,		
DISEASES OF CONDITIONS if any giving	(B) DUE TO OR AS	CONSEQUENCE OF:			
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the	13	me.			
UNDERLYING CONDITION last.	(c)				_
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	A lan	-0-1			
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 1994. DATE OF OPERATION 1198. CONDITION FOR WHITE	CH OBERATION	20A. AUTOPSY? (Yes or h	Vall 208 IE VES WESE FIN	DINGS CONSIDERED	
WAS PERFORMED	CH OFERATION	No	20B. IF YES, WERE FIN	ES OF DEATH?	
OR CONTRIBUTING CALISE OF	ACE OF INJURY (e.g., in form, foctory, street, officer	or about 21C. WHERE DID ce bldg., INJURY OCCUR?	(If In Boltimore C	City, give exoct location)	
DEATH (notify medical examiner) etc.)	HERRE	-	_		
OF INJURY	JURY OCCURRED  Not White	21F. HOW DID IN	IJURY OCCUR?		
(APPROX.) Work	At Work		1	=/	
22. I certify that (I) (this hospital) attended the d	deceased from	124/7/	10 //2	5/7/ 19	
ond hour and from the couses stated above (1) (W	Value Visia			on'death accurred on the da	re
23A. SIGNATURE	(dia (dia not) vio	ew the bady offer death		B. DATE SIGNED	
11-1. Italeman	MO Atten	ding Med.	Staff Phys.	1/25/71	
23C. PHYSICIAN'S NAME (Type)	DEGREE	D. ADDRESS	n	111	
1. L. WADEN	MAN MO	awion 11	IEMORIA2	MOSPITAL	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specify)	e of CEMETERY of CREA			town, or county) (Stote)	
Burial 1-29-1971 Pro	ospect Hill		Towson,	Md.	
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF R		G W 4905	ine & Sone (	alto., Md.21212	2
9 150-REV. 1/1/68	2-	1 4000			=



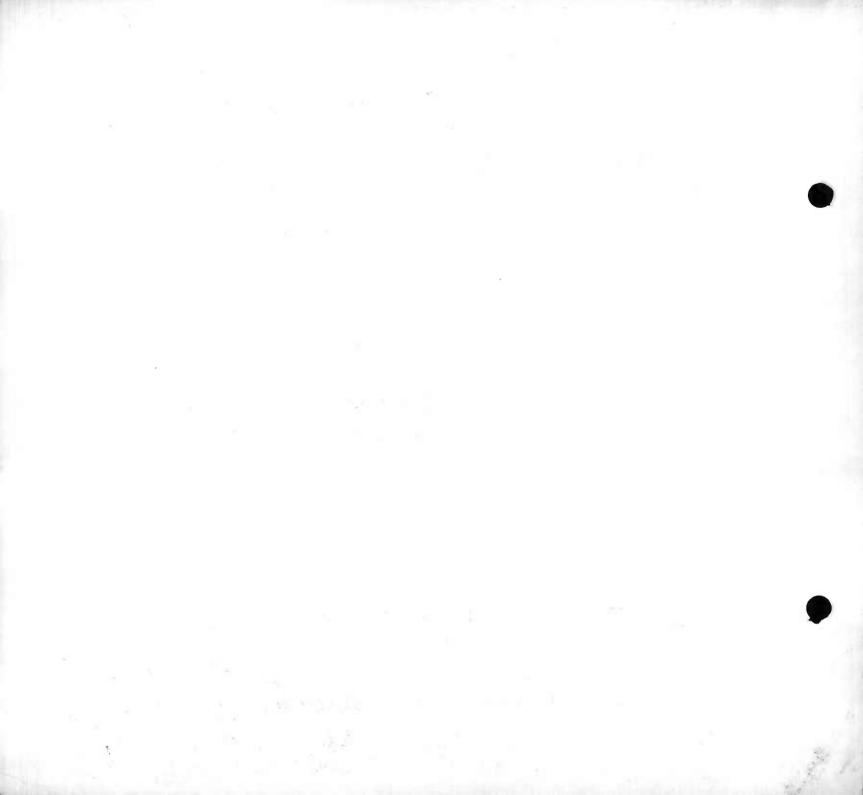
IMPORTANT

DIRECTOR:

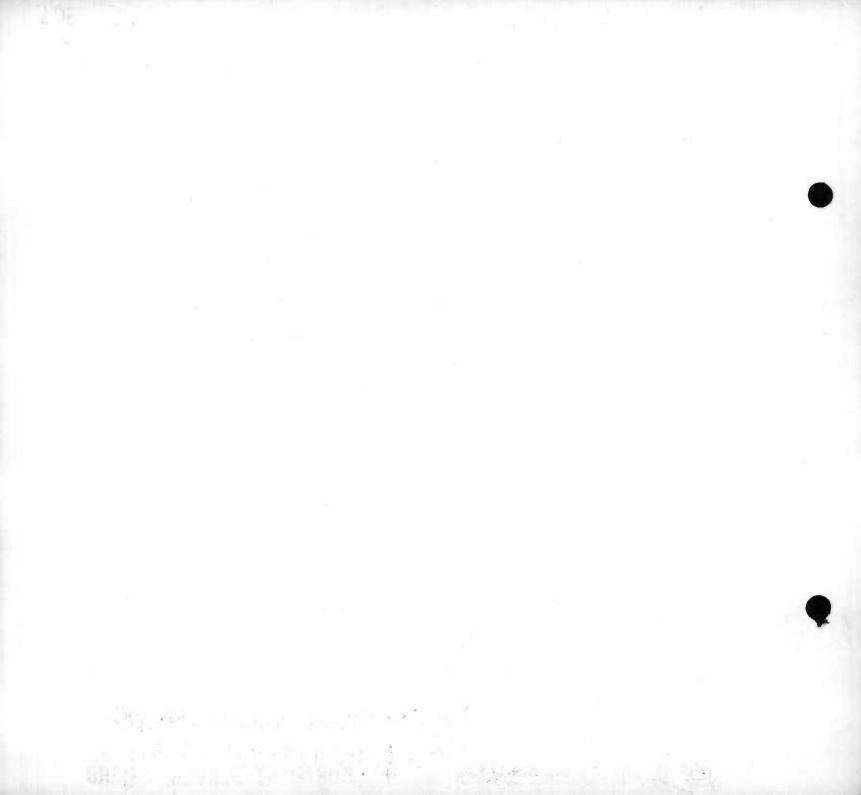
FUNERAL

2 1 WE WAS STRANGE Bures 1-27-71 The Chiles-

В	B-414 RTH NO.		71	080		CITY HEALTH DEP		REG. NO.	71	0803
(T	NAME OF DECI /pe or Print)	Char	les		field	F 1	1/-	IND HOUR OF DEA	7/ 1	10:45 Am.
3.	PLACE IN BALT	IMORE, MAR	YLAND, WI	ERE PRONC	UNCED DEAD	A. STATE	SIDENCE (Wh.	ero doceosod lived I	f institution; resi	dence before edmission)
H	JLL NAME OF OSPITAL OR ISTITUTION			4 8	TUTION, GIVE STREET	Maryla C. CITY OR TO	nd Bo	altimore	S NSIDE CITY LIM	3-00
	Jo	ihns H	sphir	rs Ho	Spita/	0 11	more		YES P	אפעי אסעי אס ⊓
	33 6	altimo	groad ve	l coay		E. STREET AN	D NUMBER	storive		
5.	M	Cau e		· MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BI		9. AGE (In years tost birthdox)	If Under 1 Months D	Yr. If Under 24 Hrs.
10	LUSUAL OCCU	PATION (Give I	tind of work ]		F BUSINESS OR INDUS		E (State or fore	eign country)	12. CITIZET	N OF WHAT COUNTRY?
100	Teache		in rented)	Edu	ication	New	York			154
13.	FATHER'S NAM					14. MOTHER'S	MAIDEN NA	ME		
15. (Ye	Was Deceased s, no or unknown)	Ever in U. S. / (If yes, give w W, W;	or or dates	s? of service!	1 6- SOCIAL SECURITY NO.	17. INFORMAN	T		A	DDRESS
OLISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)  (A) IMMEDIATE CAUSE DUE TO, OR AS A CONDITION OF THE CAUSE DU							pulmo	nary Fail	BET	APPROXIMATE INTERVAL WEEN ONSET AND DEATH
		NTECEDENT CONDITIO	CAUSES NS, il an	y, giving	(B) SVE DUE TO, OR (C) SIP		y-Gui ce of: jác ar	llián-Bar rests	re syn	drome
ATION	OTHER SIGNIFIC	BUT NOT RELA	TED TO THE	TERMINAL	***************************************					
CERTIFICATION	2)	PERATION	WAS PERFO	TION FOR V	WHICH OPERATION	20A-AUTOP	SY? (Yes or No	ON 208, IF YES, WER	E FINDINGS CO AUSES OF DEA	ONSIDERED YES
	21A. ACCIDENT OR CONTRIBUT DEATH (notify n	ING     CAUSE	OF -	hom etc.)	PLACE OF INJURY (e. e., form, foctory, siree),	g., in or about 21C. W office bldg., INJUR	HERE DID	(If In Bolium	ore City, give ex	rect fecation)
MEDICAL	21 D. TIME ( OF INJURY (APPROX.)	Month) (Doy)	(Yeor)		INJURY OCCURRED  To At Work  At Wo	/hile 🗀	LNI DID WO	URY OCCUR?		
	22. I certify th	hat (1) (this	hospitol) (		ne deceased from			1971 to 9	Vin 19	1071
	thot (1) (we) 1				Jan 19	19.7/		//	ulnion death a	sccurred on the date
	and hour and	from the cou	ses stated	obove. (	(We) (did) (did nat	) view the bady o	fter death.			iccorted on the date
	23A. SIGNATURE	rwm	Kan	m Er	mr	Attending M	led.	Staff	23 B. DATE SI	GNED 1971
	23C. PHYSICIAN NAME (Typ	Gary	/ M.	Kan	rmer HD	23D. ADDRESS	s Her	hens Hos	retal	
24A	BURIAL CREM	ATION, 24B, I	DATE /	24C.NA	ME of CEMETERY OF	CREMATORY	24D. LC	OCATION (	City, town, or co	unity) (Stote)
C	remotte		22-71	an	story Boar	dynd.	4	Sattenou	, med.	
25A	N 26 19	PARTH DE		B. NAME O	E REGISTRAR	HOS		DISPORA	T.	ADDRESS
15	50-REV. 1/1/68							THE VELL		** .



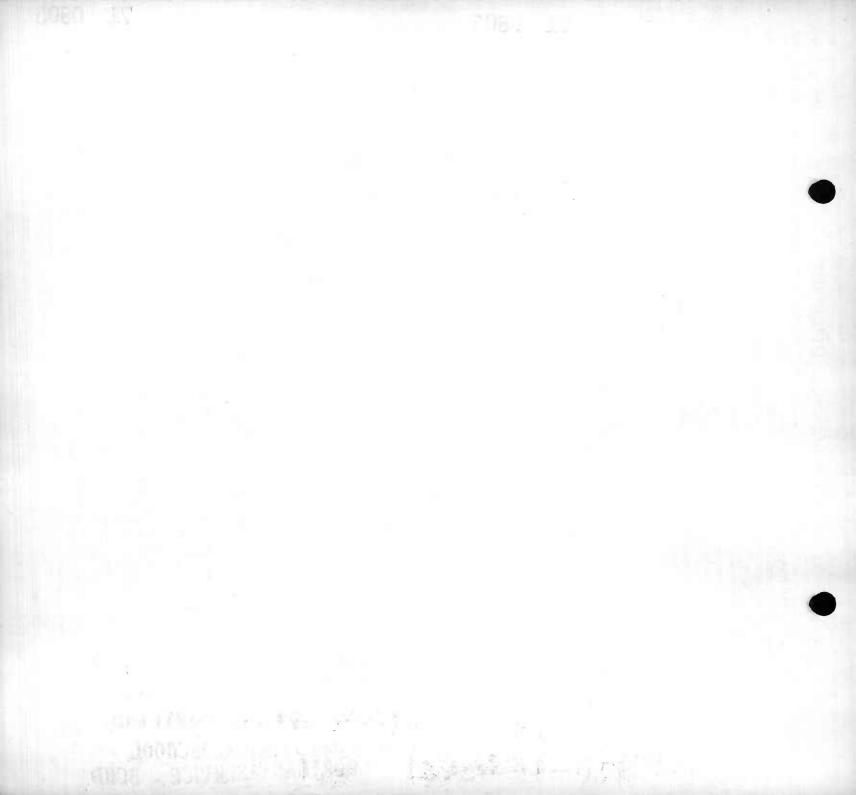
R-630 71 0804	BALTIMORE CITY	HEALTH DEPARTMENT		174 08	MA
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	11 00	
1. NAME OF DECEASED (Type or Print) B: VL, Bet	ty M.		D HOUR OF DEATH	11 15:45	а. м
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE IWho	ITY 6 . 1		re admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	UTION, GIVE STREET	C. CITY OR TOWN	Baltin		06
	11 1 4	Balt no	D. INSID	YES AND	7
Union Memorial	los pidal	E. STREET AND NUMBER		1	
119		2) E.	2226 5	treet	
tenale white   WIDOWED!	NEVER MARRIED DIVORCED DIVORCED	05-12-17	9. AGE (In years lost birthday) 5 }	Months Doys Hou	nder 24 His. 8 Min.
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF done during most of working lile, even if retired)			· ·	12. CITIZEN OF WHA	T COUNTRY
		Pennsy 14. MOTHER'S MAIDEN HAM	luania	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ME		
15. Was Dacoused Ever in II. S. Armed Faces?	11.6 COCIAL		~~		
lies, no of unknownight yes, give wor of doles of service)	SECURITY NO.	17. INFORMANT	Ca Varia	ADDRESS	
Unknown	CAUSE OF DEATH	Michale)		same	
DISEASE OR CONDITION DIRECTLY	()	were Passan	1000	APPROXIMATE	T AND DEATH
LEADING TO DEATH	(A) IMMEDIATE CAUS	CONSEQUENCE OF:	rest		
IThis does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO, OR AS A	CONSEQUENCE OF:	10		
injury or camplication which caused death.)  ANTECEDENT CAUSES	P	ossible Lu	wag Carc	WY	
DISEASES OR CONDITIONS, if any, giving	(B)DUE TO, OR AS A	A CONSEQUENCE OF:			**********
rise to the above cause IA) stating the UNDERLYING CONDITION last.					
П	(C)		***************************************		******
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
DISEASE OR CONDITION GIVEN IN PART 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or No)	208 IE VSC 11125	Inhus co	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR W WAS PERFORMED		V O	20B. IF YES, WERE FIN	ES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING 21B.	PLACE OF INJURY (o.g., in b, form, foctory, street, offi	or about 21 C. WHERE DID	(If In Bolttmore	City, give exect location	1)
DEATH (notify medical examined otc.)		The state of the s			
= IOF INJURY	INJURY OCCURRED  o At   Not While	21F. HOW DID INJU	JRY OCCUR?		
Work	Al Work	4 16		1.0	-0.1
22. I certify that (1) (this hospital) attended the	e deceased fram	1/4/1			19
that (I) (i) lost saw the deceased alive on	100 000	191 and tha	t in (my) (((ii)) opinio	an death accurred	in the date
ond hour and fram the causes stated above. (1)		ew the bady after death.	10	OR DATE SIGNED	
12 Fand (-)-	M. DEGREE Phys.	ding Med.	Staff Phys. B	3B. DATE SIGNED	11
23C. PHYSICIAN'S NAME (Type) / I = A P   C TY	BEGREE Phys.	Director L F	hys.	111	1
M. KITEL COLL	MAD, M.D.	11000 M	nemovia	I losp.	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	ME of CEMETERY OF CREN	MARNATOMY R	OWRD OF	AND PARTY IN	[Stote]
1-22-71		- LINUX CONTY	MEDICAL		
JAN 26 1971 Rober & Jahre O	REGISTRAR	GN Maries do	MEDICAL	SCHOOLS	
VS 150-REV. 1/1/68		MORTUARY	SERVICE	_ BCRD	



IMPORTANT

DIRECTOR:

FUNERAL



hospital

IMPORTANT

DIRECTOR:

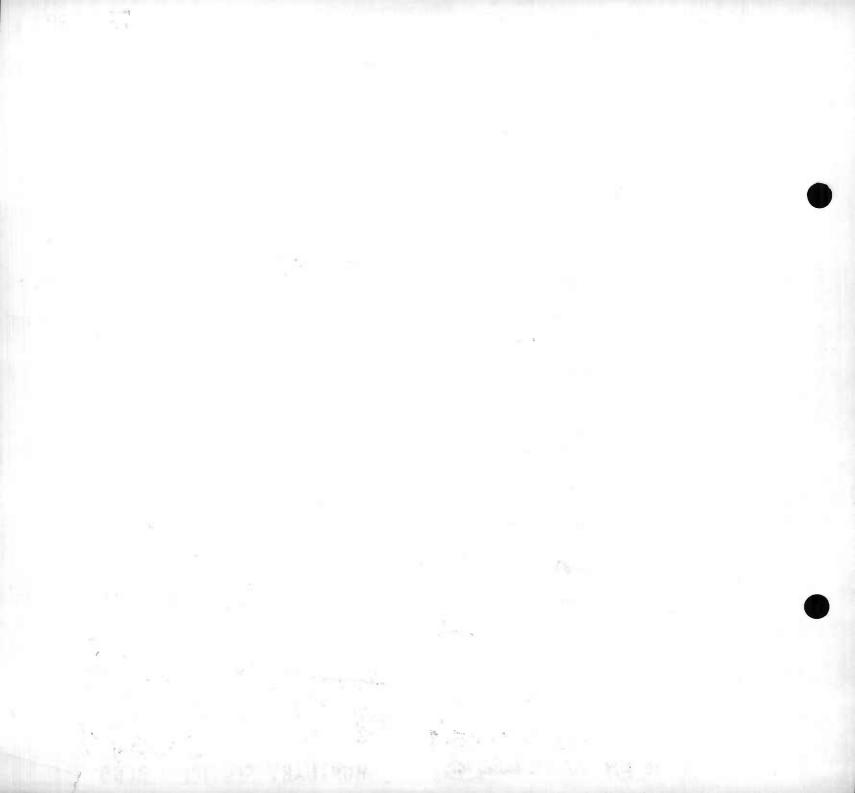
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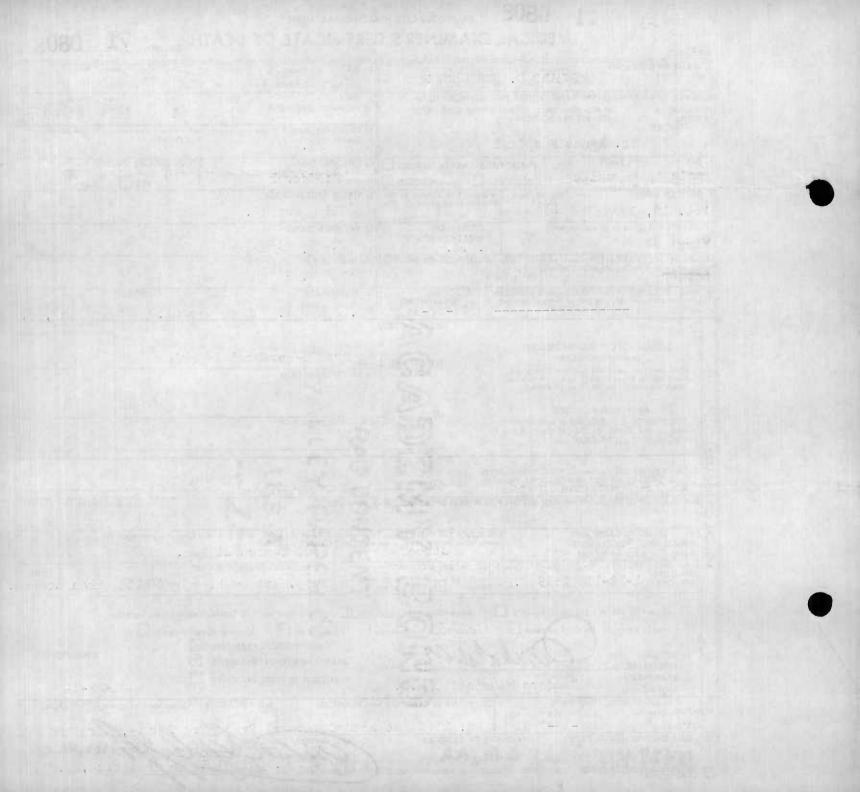
the hospital

VS 150-REV, 1/1/68

approved



	5-5/	6	,	OICAL			NER'S				OF	DEAT	TH REG. NO.	71	080	8
1.	NAME OF DE	CEASED	RICHARI	D C. :	SCH	OONOV	ER	1	ATE OF	Knawn		Month	Day	Year	Hour	
FU	PLACE IN BAI		OT IN HOSPITA					3. D.		INCED DE		Month 1	Day 21	Year 1971	Haur 12:40	O P <sub>N</sub>
	L		gnes Hos					5. US A. ST	ATE	sidence	(Where	deceased	B. COUNTY	n: residence	befare admis	sian)
	male	7. RACE	ite	8. MARRI	p-10	7	MARRIED	C. CI	TY OR	odstoc	· le		D. INSIDE C			
	DATE OF BIRT		10.AGE (In	vears	If Un	der 1 Yr. I	Under 24 Hrs. Haurs Min.	E. ST	REET A	ND NUM	BER	7	Y	ES	NO X	
	eb. 19,					ITIZEN O		13. F		Court	Rd	•				
M	laryland				U.	HAT COL		Ja	ames	W. So	hoo	nover				
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY done during mast of working life, even if retired)  Logger  Lumber								A. W		ΛĒ						
16. (Ye	WAS DECEAS						RITY NO.		NFORM					DDRESS		
No   214-36-4239 Mr. James W. Schoonover Rt.# 4 Frederick.  CAUSE OF DEATH  DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  ANIMADIATE CAUSE Cranio-cerebral injuries								TERVAL								
ĺ	(This does no heart foilure	ol meon the	mode of dy to it means the nich coused dea	ing, e.g., disease, ith.)		(,	DUE TO, OR	07			ren	al III	Julies			
Z	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  UNDERLYING CONDITION LAST.  (C)  (C)															
CERTIFICATION	OTHER SIGN TO THE DE DISEASE OR	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).														
CERT	20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WA						AS PER	FORME	ED		10			OPSY? (Yes or	r No)	
EDICAL	UNDERLYING UTING CA		VTRIB-	2  -	28. Pl	LACE OF lorm, factor	INJURY(e.g., pry, street, offic treet	tn or o	etc.) 22	C. WHERE	DID ( CUR? ente	if to Boltimo	are City, give ex Ave.			0 0
Σ	OF INJURY (APPROX.)	(Manth) ( 1-2 <b>0</b> -7	(Day) (Yeor 1 2:3 <b>9</b>	D.	W	E.INJURY		WHILE ORK		ь ноw в Subj.			um ad by fal	ling		
	ACTUAL SIGNAT	URE	Dé	mh	al	el.	3 M.D		ASSIS	HIEF MED	ICAL E	XAMINER XAMINER		_	DATE SIGN	IED
24	NAME (1	(ype)		re Mi			, M.D.			CIATE MED					22-71	
RE ]	A. BURIAL CREA MOVAL (Speci Burial A. DATE REC'D	fy)	1-24-1		N		ion Luth	lera	n Ce	meter	F		ick Coun		(Stote	•)
	JAN 27	1971	Robert	4. 3a	Ben	KA	0	6	//	ort E	10	iley	rikay	ederi	ck,Md.2	170
4.2	151-REV. 3/1/68		N	853	,	0		-					/			



	7.150	BALTIMORE CITY	HEALTH DEPARTMENT		FW 000-			
	RTH NO. 74 0809	CERTIFICA	TE OF DEATH	REG. NO	71 0809			
1.	NAME OF DECEASED			ND HOUR OF DEATH	•			
(T	ype or Pinil SESSIE COLLINS				845 1			
3.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCE	D DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY					
H	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)	, GIVE STREET	MARYLAND C. CITY OR TOWN		CCHESTER IDE CITY LIMITS?			
	UNIVERSITY HOSPITAL		E. STREET AND NUMBER		YES NO NO			
	38		BOK 157	RAILROAD	AUE			
5.	SEX 6. RACE 7. MARRIED N WIDOWED X	EVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. 11 Under 24 His. Months Doys Hours Min.			
10	A. USUAL OCCUPATION Give kind of work 108. KIND OF BUSI		11. 8IRTHPLACE (Slote or for	eign countryl	12. CITIZEN OF WHAT COUNTRY			
do	RETIRED (Response)	20	MARYLAN		us.			
13	FATHER'S NAME		14. MOTHER'S MAIDEN NA					
	noot Callins		MARY SA	TOWELL				
15.	Was Deceased Ever in U. S. Armed Forces? 16.5	OCIAL ECURIDE NO.	17. INFORMANT		ADDRESS			
	700	ECURIT NO.	CHART					
	18. / K	CAUSE OF DEATH			APPROXIMATE INTERVAL			
	DISEASE OR CONDITION DIRECTLY CA MIDESOPHAGUS - METASTATIC							
	LEADING TO DEATH			1-16-11311	6 MOS.			
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,							
ATION	injury or complication which coused death.)							
	ANTECEDENT CAUSES	(0)						
	DISEASES OR CONDITIONS, if ony, giving	DUE TO, OR AS	CONSEQUENCE OF:	**********************				
	nise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	(.)			100			
	The state of the s	(C)						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	CACHER	IA SECONDA	ey to C	4.			
ERTIFICA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B CONDITION FOR WHICH WAS PERFORMED	OPERATION	20A. AUTOPSYZ (Yes or N	ON 20B. IF TES, WERE F	USES OF DEATH?			
U	OK CONTRIBUTING   CAUSE OF   home, for	E OF INJURT (e.g., in	or obout 2VC. WHERE DID	(if In Boltimore	City, give exoct location)			
CAL	DEATH (notify medical examiner) etc.)							
VED!	OF INJURY (Month) (Doy) (Year) (Hour) 21E INJU	RY OCCURRED	21F. HOW DID INJ	URY OCCUR?				
2	(APPROX.) While At	Not While						
	22. I certify that (I) (this hospital) attended the decoral form							
	that (1) (we) lost saw the deceased alive on 1977 and thot in(my) (our) opinion death occurred on the date							
	and haur and from the causes stated abave. (1) (We	) (did) (did nat) vi	ew the bady after death.					
	23A-SIONATURE	.0			23B. DATE SIGNED			
	A. Charage M	A Atten	ding Med. Director	Staff Phys.	1/19/71			
	230. PHYSICIAN'S NAME (Type)		UNIVERSI	//	ITAL			
24.	A. BURJAL CREMATION, 24B. DATE 24C. NAME	DEGREE OF CREA			tama azanani			
	REMOVALI(Specify)		Parel F	Scallon (City	y, town, or county! (Stote)			
25		green	LEAN .	serlin,	112			
	JAN 27 1971 Rabase & Jabes KI	Aug o	25C. POHERAL DIRECTOR	meeles	ADDRESS			
VS	150-REV. 1/1/68							

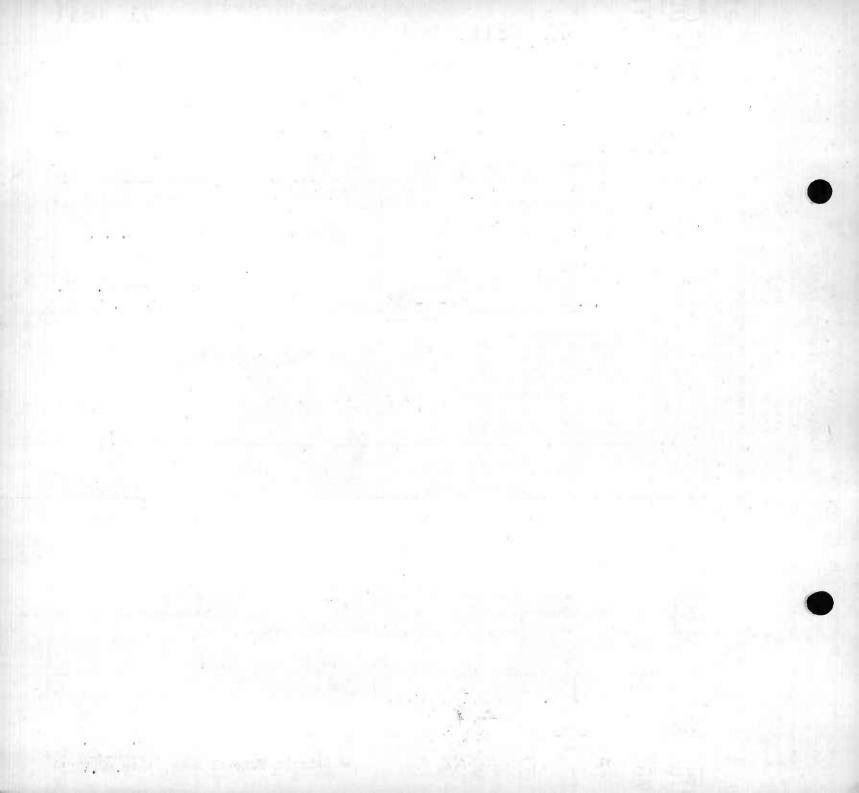
The will date the

VS 1S0-REV. 1/1/6B



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance an the deceased prior to death); and (6) Na physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CIT	Y HEALTH DEPARTMENT 71 0811						
5.530 71 0811 CERTIFICA	ATE OF DEATH REG. NO. 71 0811						
I, NAME OF DECEASED	2, DATE AND HOUR OF DEATH						
(Type or Print) SCHMIDT JOSEPH	1-22-71 12 NOON M.						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY						
HOSPITAL OR ADDRESS OR LOCATION)  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland Baltimore c. CITY OR TOWN D. INSIDE CITY LIMITS?						
Johns Hopkins Hospital	Baltimore YES NOXX						
.33	9802 Pulaski Highway						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.						
WIDOWED DIVORCED	12/24/17 lost birthdoy) Months Doys Hours Min.						
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
Landscaping Schmidt Sodding	Baltimore U.S.A.						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
Joseph Schmidt	Susan Johnson						
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.	17. INFORMANT 2408 Hanson Rd. Apt. 46						
Yes W.W.11 820-01-9892	John Schmidt Edgewood, Md. 21040						
18. 44 / CAUSE OF DEA	TH APPROXIMATE INTERVAL						
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A)IMMEDIATE CAUSE CARDIAC FAILURE ALLER							
						This does not mean the made of dying, e.g., DUETO, OR AS A CONSEQUENCE OF:	
injury or camplication which caused death.)  DISSECTIME ASCITUTING THORACIC							
ANTECEDENT CAUSES	AVEURYSM WITH AORNE 7 DAYS						
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	SA CONSEQUENCE OF INSUFFIFNCY						
rise to the above couse (A) stoling the UNDERLYING CONDITION last. (C)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
(C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL							
DISEASE OR CONDITION GIVEN IN PART 1 (A).  198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED						
194. Date of Operation was Performed THORACIC ANKURYSM	IN CERTIFYING CAUSES OF DEATH?						
U (21 A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Boltimore City, give exect location)						
OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?						
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
While At Not Wh	ile 🔲						
22. I certify that (1) (this hospital) ottended the deceased from							
that (1) (we) lost sow the deceased clive an	19 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19						
ond hour and from the couses stated above (1) (We) (did) (did not)							
23A. SIGNATURE	238, DATE SIGNED						
DO D A							
23C. PHYSICIAN'S	rending Med. Shaft Phys.   1-22-7/						
James R. Reynold M.D.	The Johns Hopkins Maxek Hospital						
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or C							
REMOVAL (Specify)							
Tel del delle of Fall							
JAN 27 1971 Robert E. Redistrat	Lassahn Funeral Home, Balto.Md.21236						
10 100 001 17 10							





R-25	0 71	0814		HEALTH DEPARTMENT	REG. NO	71 0814		
BIRTH NO. 1. NAME OF DE (Type or Print)	RIGNEY, LUTI		OZKIII (C)	2. DATE A	ND HOUR OF DEATH	7. FFAM		
3. PLACE IN BA	ALTIMORE MARYLAND, V					7:55AM		
FULL NAME O HOSPITAL OR INSTITUTION			ITUTION, GIVE STREET	MARYLAND C. CITY OR TOWN	NIY	DE CITY LIMITS?		
40	ST AGNES H	OSPITA	L	BALTIMORE E. STREET AND NUMBER 1703 SEXTON	ST 21230	YES NO		
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs		
MALE	WHITE	WIDOWE		10/02/95	lost birthday	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.		
INA. USUAL OC	CUPATION (Give kind of wor	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or los	eign country)	12. CITIZEN OF WHAT COUNTR		
FORE M	A N		K YARDS	MARYLAND		USA		
3. FATHER'S NA	_			14. MOTHER'S MAIDEN NA	ME			
	RIGNEY			DAISY KER	R			
15. Was Decease Yes, no or unknow NO	d Ever in U. S. Armed For m) (If yes, give wor or dote	ces? is of service)		17 MFS METSie G. 9 ST AGNES H		3 Sexton St. 21230		
18.//	49		CAUSE OF DEAT		USPITAL B.	ALTO MD 21229		
(This does heart failure injury ar co	ASE OR CONDITION DI LEADING TO DEATH not meen the mode of , osthenio, etc. It means mplication which caused ANTECEDENT CAUSES OR CONDITIONS, if he obove couse (A) IG CONDITION lost.	dying, e.g the disease death.)	(B) DUE 10, OR AS	A CONSEQUENCE OF:	septas My	BETWEEN ONSET AND DEATH		
7	11			SCUD				
O THE DEA	IFICANT CONDITIONS CO NTH BUT NOT RELATED TO T CONDITION GIVEN IN PAR	HE TERMINAL		monary Emph	ysema	***************************************		
OTHER SIGNI TO THE DEA DISEASE OR 19A. DATE O	F OPERATION 19B. CON WAS PER	DITION FOR ORMED	WHICH OPERATION	YES	o) 208, IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?		
21A. ACCIDENT WAS UNDERLYING   218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? elc.)   218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?								
21D.TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	w	E INJURY OCCURRED  hile At Not While of At Work	21F. HOW DID IN	JURY OCCUR?			
22. I certify								
that () (we	that (1) (we) last saw the deceased alive an 01/23/71 19 and that In (m) (our) opinion death occurred on the date							
ond hour an	id from the causes stot	ed above.)	(j)((Ae) (qiq) ()(i)( )(o)() ^	ew the bady after death.				
23A. SIGNAT	URE CONTRACT		Aug	dia - 4.1		23 B, DATE SIGNED		
23C. PHYSICI, NAME (	AN'S	8	DEGREE Phys	Adding Med. Director 3D. ADDRESS	Staff Phys.	01 23 71		
DONA	ATO A. VARGA	S JR.	DEGREE	CATON & WILK	ENS AVES.	BALTO-MD-21229		
4A. BURIAL CR	EMATION, 248. DATE (Specify)	24C.N	AME of CEMETERY of CRE	MATORY 24D. L	OCATION (Cit	y, town, or county) (Stote)		
Burial	1-26-1	971 Me	eadowridge Ceme		shington Blv	d., Howard Co. Md.		
JAN 27	1971 Robert	258 NAME	OF REGISTRAR	25C. FUNERAL DIRECTO	1	ADDRESS Wilkens Ave, 21229		
C 150 DEV 1/1	///			I HOWALD II. I HU	410/	MITKELIS MAG. 7177		

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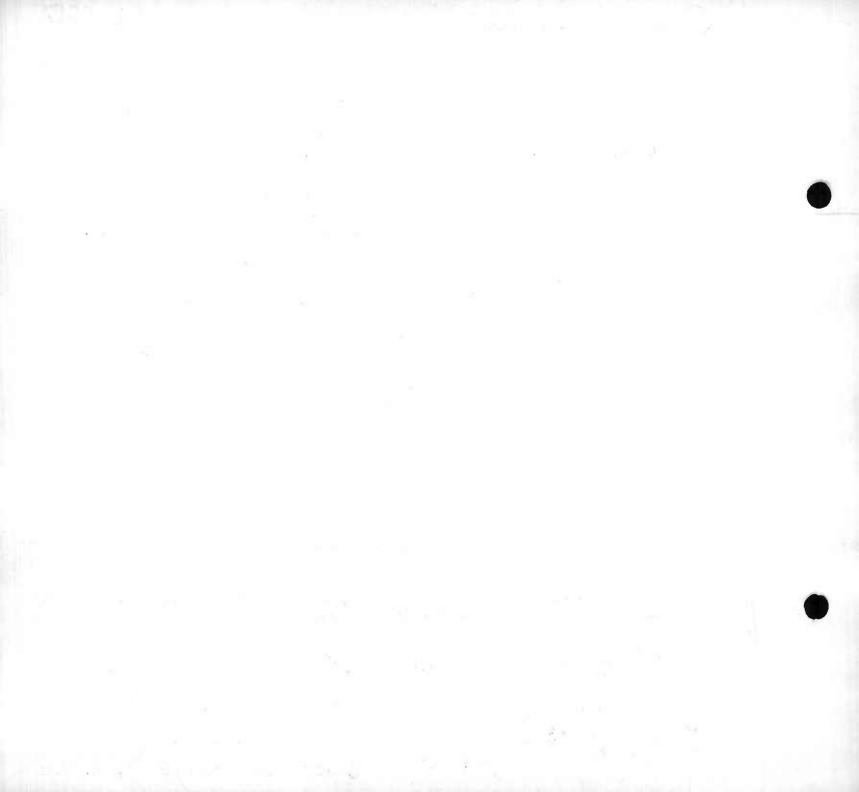
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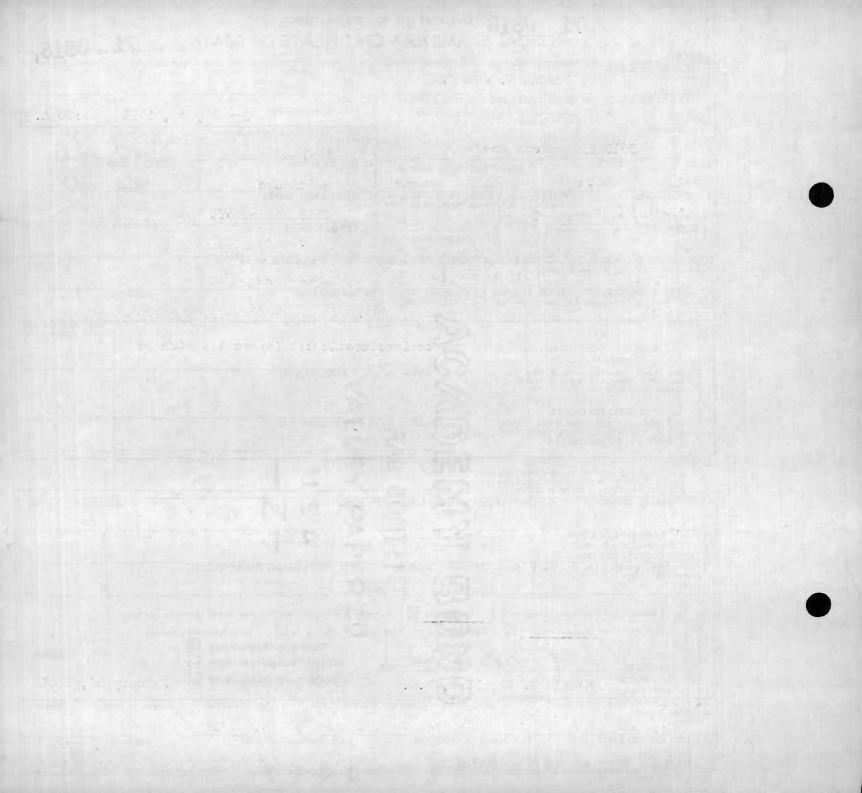


written approval must be obtained before the remains are embalmed or final disposition is made.

10 00	Net (5)	004	BALTIMORE CITY	HEALTH DEPARTMENT		71 0817		
BIRTH NO.	71	. 081	CERTIFICA	TE OF DEATH	REG. NO.	71 0317		
1. NAME OF DE	BLANCHE RI	TTER COX			HOUR OF DEATH January 197	72 10 30 A		
3. PLACE IN BA	LTIMORE, MARYLAND,	WHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (Where d	eceased lived. If in-	titution: residence before admission		
FULL NAME OF HOSPITAL OR	F (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	Md. Balt	o City	26-31 DE CITY LIMITS?		
				Baltimore		YES NO		
	Cleveland Av	e. 21224		E. STREET AND NUMBER	LAND AUE	,		
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9.	AGE (In yeors birthdoy)	If Under 1 Ys. If Under 24 Hrs Manihs Doys Hours Min.		
Female	Caucasian	WIDOWED		25 March 1695	77	Win.		
done during most of	CUPATION (Give kind of wor f working life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	countryl	12. CITIZEN OF WHAT COUNTRY		
hsw				W. Virginia		U.S.A.		
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN NAME				
	Ritter	104	10	Emma Hawki	ns			
15. Was Deceased	d Ever in U. S. Armed Fo.	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS		
no	in yes, give war ar don	es di Servicel	219-34-2625	Robert E. Cox, 70	616 Dunman			
18. 29	0.01		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATI		
DISEA	SE OR CONDITION DI LEADING TO DEATH	RECTLY		11. T'	21			
(This does	not mean the mode of	dvina e.a	(A) IMMEDIATE CAU	SE NUTRILIONAL	MARASA	MAS SUM		
heort failure.	Oshenia, etc. Il means	the disease	DUE TO, OR AS	CONSEQUENCE OF:				
	mplication which caused		a			4-		
	ANTECEDENT CAUSES		(B) SENI	Le DemenIII	7.	74h5-		
rise la lh	OR CONDITIONS, if the obove cause (A) G CONDITION last	ony, giving stating the	(C)	A CONSEQUENCE OF:				
	11							
IO THE DEA	FICANT CONDITIONS CO TH BUT NOT RELATED TO TO CONDITION GIVEN IN PAR	HE TERMINAL	*****************	None	***************************************			
19A. DATE OF	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CO. IN CERTIFYING CAUSES OF DEA							
OR CONTRIBU	2TA ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout/2 C. WHERE DID hame, loring, lociory, sheet, office bldg, INJURY, OCCUPY)    21B. PLACE OF INJURY (e.g., in or obout/2 C. WHERE DID hame, loring, lociory, sheet, office bldg, INJURY, OCCUPY)							
OF INJURY	(Manth) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID INJURY	OCCUR?			
(APPROX.)	(APPROX1) While At Not White							
22. I certify	Wark   At Work   19 70 to TPW. Y3 197/							
	Vast saw the decease		JAN. 15	· · · · · · · · · · · · · · · · · · ·	n(my) (que) anini	on death occurred an the date		
	•		(We) (did) (did not) vi	ew the body ofter death.		an agen occorted du tue dat		
23A. SIGNATO	TREM IN S	A -		/	12	38, DATE SIGNED		
	Moda	w	Magnet Atten	Med. Staff		1/15/71-		
23C. PHYSICIA NAME (T	N'S '		GLOKEL	3D. ADDRESS				
	M.B. Dav		DEGREE	6800 Mornington	n Rd. 21222	2		
24A. BURIAL CRE REMOVAL (	MATION, 248, DATE Specify)	24C. NA	ME of CEMETERY OF CRE	MATORY 24D. LOCA		town, or county) (Stotel		
burial		71 Oa	k Lawn Cemeter	ry Balto.	Co., Md.			
SA. DATE REC'D	BY HEALTH DEPT.	258 NAME O		25C. FUNERAL DIRECTOR		ADDRESS		
JAN 27	1974 Robert	E. JaBei	MA U O O		Home, Dun	dalk, Md. 21222		
S 150-REV. 1/1/	The state of the s				-			



MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REG. NO. 10818  II. NAME OF DECEASED  O'DONNEL A. WHEATLEY  O'DEATH  Estimoled  DEATH  Estimoled  Manth  Doy  Year  Hour  O'DEATH  Estimoled  Month  Doy  Year  Hour  O'DEATH  Estimoled  Month  Doy  Year  Hour  O'DEATH  Estimoled  DEATH  Estimoled  Month  Doy  Year  Hour  No. 10818  A PRONOUNCED DEAD  PRONOUNCED DEAD  JANUARY 24, 1971  9:00 A.e.  S. USUAL RESIDENCE (Where deceased lived, it institution: residence before admission)  A. STATE  B. COUNTY  A. STATE  B. COUNTY  A. STATE  B. COUNTY  O'NORCED  O'NORCED  JOAGE (In years)  In BIRTHPLACE (State or foreign country)  II. BIRTHPLACE (State or foreign country)  III. BIRTHPLACE (State or foreign countr							
(If NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  3913 Ridgecroft Road  6. SEX							
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF HOSPITAL OR INSTITUTION  3913 Ridgecroft Road  6. SEX MARRIED NEVER MARRIED DIVORCED  9. DATE OF BIRTH DIV. AGE (In years) Iost birthday) 83  11. BIRTHPLACE (State or foreign cauntry)  12. CITIZEN OF WHAT COUNTRY?  144. USU AL OCCUPATION (Give kind all work) WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)  17. SOCIAL CAUSE OF DEATH  CAUSE OF DEATH  ADDRESS  JAME  JAME JAME JAME JAME JAME JAME JA							
ADDRESS OR LOCATION)  3913 Ridgecroft Road  8. MARRIED NEVER MARRIED DIVORCED Baltimore  9. DATE OF BIRTH Start BALTIMORE ST							
3913 Ridgecroft Road  A. STATE  Maryland  6. SEX  7. RACE  White  WIDOWED  DIVORCED  DIVORCED  Baltimore  PES NO  10. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Days, Hours, Min. Min. Months, Days, Hours, Min. Min. Months, Days, Hours, Min. Months, Days, Hours, Min. Min. Min. Months, Days, Hours, Min. Min. Min. Months, Days, Hours, Min. Min. Months, Days, Hours, Min. Min. Min. Months, Days, Hours, Min. Min. Min. Min. Min. Min. Min. Min.							
6. SEX    Name   Name   Never Married   Never Married   C. City Or Town   D. Inside City Umits?   Male   White   Widowed   Never Married   Baltimore   Saltimore   Yes   No     9. Date of Birth   10. AGE (In years   If Under 1 Yr, If Under 24 Hrs.   Months, Days   Hours   Min.     Saltimore   Saltimore   Yes   No     10. AGE (In years   If Under 1 Yr, If Under 24 Hrs.   Min.							
Male White WIDOWED DIVORCED Baltimore YES NO DIVORCED 3. DIVORCED 3. DIVORCED 3. STREET AND NUMBER Solvent Street							
9. DATE OF BIRTH  10. AGE (In years   ff Under 14 Hrs.   E. STREET AND NUMBER   3913 Ridgecroft Road  11. BIRTHPLACE (State or foreign cauntry)  12. CITIZEN OF WHAT COUNTRY?  14A. USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME   ADDRESS   ATTEMPT   ADDRESS   ATTEMPT   ADDRESS							
11. BIRTHPLACE (State or foreign cauntry)   12. CITIZEN OF WHAT COUNTRY?   13. FATHER'S NAME   14A.USUAL OCCUPATION (Give kind al work)   14B. KIND OF BUSINESS OR INDUSTRY   15. MOTHER'S MAIDEN NAME   16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)   17. SOCIAL   SECURITY NO.   212-12-13-58   Apr. Business (Was Grand of Was Deceased of Service)   19.   1							
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  14A. USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME dane during most of working life, even If relired)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)  17. SOCIAL SECURITY NO. 212-12-4558 AMEDIAN AMERICA OF TORSE SECURITY NO. 212-12-4558 AMEDIAN AMERICA OF TORSE SECURITY NO. 212-12-4558 AMEDIAN AME							
14A.USUAL OCCUPATION (Give kind al work) 14B. KIND OF BUSINESS OR INDUSTRY 1S. MOTHER'S MAIDEN NAME  dane during most of working life, even (frelired)  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ((If yes, give wor or doles of service)  17. SOCIAL  SECURITY NO.  212-12-4358  CAUSE OF DEATH  APPROXIMATE INTERVAL  APPROXIMATE INTERVAL							
dane during most of working life, even Ifrelired)  OLERA  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)  17. SOCIAL SECURITY NO. 212-12-4358  Apr. BLANCIK UHEATLLY 3913 RIVER CAOFT B.  CAUSE OF DEATH  APPROXIMATE INTERVAL							
dane during most of working life, even Ifrelired)  OLERA  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)  17. SOCIAL SECURITY NO. 212-12-4358  Apr. BLANCIK UHEATLLY 3913 RIVER CAOFT B.  CAUSE OF DEATH  APPROXIMATE INTERVAL							
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or doles of service)  17. SOCIAL SECURITY NO. 212-12-4359 Mps. BLANKIE WHENTLEY 3913 RIBBECCASE BY CAUSE OF DEATH  19. CAUSE OF DEATH							
(Yes, no or unknown) (If yes, give wor or doles of service)  SECURITY NO.  212-12-4358 Mps. BLANKAK WHEATLEY 3913 RIEGECAGET BY  CAUSE OF DEATH  CAUSE OF DEATH							
19. 11 CAUSE OF DEATH  CAUSE OF DEATH  CAUSE OF DEATH							
19. // APPROXIMATE INTERVAL							
IBETWEEN ONSET AND DEA							
Autoria and austin condition and an addition							
LEADING TO DEATH							
(A)IMMEDIATE CAUSE  Oue TO, OR AS A CONSEQUENCE OF:							
heart failure, osthenia, etc. li means the diseose, injury or camplication which caused deoih.)							
ANTECEDENT CAUSES (8)							
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR AS A CONSEQUENCE OF: RISE TO THE ABOVE CAUSE (A) STATING THE							
1 UNDERLYING CONDITION 14ST							
CC)  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No)							
							No.
							NO    22A. EXTERNAL CAUSE WAS   1228, PLACE OF INTURY(e.g., in or obout 22C, WHERE DID. (If is Boltimore City, give every location)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.  22B. PLACE OF INJURY(e.g., in or obout 22C. WHERE DID (If in Baltimore City, give exact location) hame, form, fociory, street, office bldg., etc.) INJURY OCCUR?							
22D. TIME (Manth) (Day) (Year) (Hour) 22E, INJURY OCCURRED 22F. HOW DID INJURY OCCUR?							
(APPROX.)  m. WORK  NOT WHILE AT AT WORK							
23.							
I certify that I held an Inquiry Inspection X Autopsy and that an this basis, death in my opinion							
resulted from: Natural causes X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER							
resulted from: Natural causes X Accident Suicide Homicide Undetermined monner  CHIEF MEDICAL EXAMINER DATE SIGNED							
ACTUAL SIGNATURE SIGNATURE ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER							
resulted from: Natural causes X Accident Suicide Homicide Undetermined monner  CHIEF MEDICAL EXAMINER DATE SIGNED							
resulted from: Natural causes X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER NAME (Type)  Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER January 24, 1971  24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY or CREMATORY 124D. LOCATION (City, town, or county) (Stole)							
resulted from: Natural causes X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER NAME (Type)  Ronald N. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER January 24, 1971  24A. BURIAL CREMATION, REMOVAL (Specify)  24C. NAME of CEMETERY or CREMATORY  24D. LOCATION (City, town, or county) (Stole)							
Ronald N. Kornblum, M.D.   Associate Medical Examiner   January 24, 1971							
Tesulted from: Natural causes X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED ASSOCIATE MEDICAL EXAMINER DATE DATE SIGNED ASSOCIATE MEDICAL EXAMINER DATE DATE OF CEMETERY OF CREMATORY 24D. LOCATION (City, town, or caunity) (Stole)  **BURNAL DATE REC'D BY HEALTH DEPT.**  258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 210 CK.							
Ronald N. Kornblum, M.D.   Associate Medical Examiner   January 24, 1971							



42-73-19 db	H-400  BALTIMORE CITY HEALTH DEPARTMENT  71 0819
and sed the	BIRTH NO. 71 0819. CERTIFICATE OF DEATH REG. NO
- 0 G W	1. NAME OF DECEASED (Type of Print)  2. DATE AND HOUR OF DEATH
\$ # % o F.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE   Where doccosed lived, If institution: residence before orders in the pronounced decision.
hospite ise of (5) De- ance death	A. STATE B. COUNTY
T = 0	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION C. CITY OR TOWN D. INSIDE CITY LIMITS?
S S P	Baltimore VES NO
ed in ting d cau r att prior	DalTimore 17 17 08 PIT 2/5 E. STREET AND NUMBER
D COOP D	4940 Eastern Ave. Balto., Md. 21224 50/4 Frdman Ave. 21205  5. SEX 6. RACE 1 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   II Under 24 Hrs.
	Months: Doys Hours Min.
th och the con is on is	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or loreign country)  12. CITIZEN OF WHAT COUNTRY?
di ini	HOLKER MAKEN. RELEED W. Va. USA
Me if d wa wa the spos	13. FATHER'S NAME
NNT NNT ant dir dir dir dir dir (dir	Sohn E. Hall Bertude Lynch
RTAN Ssistar the d the d kind deat nce or	15. Wos Decessed Ever in U. S. Armed Forces? (Yos, no or unknown! (II yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT 4940 Eastern Avenue
D C C C C C C C C C C C C C C C C C C C	unknown   ? BCH-Records Baltimore, Maryland 21224  CAUSE OF DEATH
Released by IMPORTAN r his assistant Also, if the di tof any kind; of any kind; ounced death thendance on ned or final di	DISEASE OF CONDITION DIRECTLY  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IN Or Park	LEADING TO DEATH  (A)IMMEDIATE CAUSE QUOTED  (A)IMMEDIATE CAUSE
	heart failure, asthenia, etc. If means the disease,
O : E B . 5 E	ANTECEDENT CAUSES wenticular Sibrillation
Xam cam A fu who	DISEASES OR CONDITIONS, if gay, giving
Cal exal exal except (3) / (3)	underlying condition last.  (c) Atteriorality
AL DI medica edical burns; hysicia n was remain	
A Page	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
m 9 5 5 5	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B- CONDITION FOR WHICH OPERATION WAS PERFORMED  20A-AUTOSYZIYOS OF No. 20B- IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
5 7 20 7 20	
== == == ==	21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?
spit spit spit spit w w & & & & & & & & & & & & & & & & & &	21D. TIME (Month) (Day) (Year) (Hourd 21E IN 1112Y OCCURRED) (21E 10 1112Y OCCURRED)
oved by a hospito copt which (6) No Note that which ind (6) Note that which ind (6) Note that when the that we have the that when the that when the that we want to be the that when the that we want to be the that when the that we want to be the the that we want to be the that we want to be the that we want to be the the the that we want to be the the the the the the the the the th	OF INJURY  (APPROX.)  While At Work  At Work
ny any obt	22. I certify that (I) (this haspital) attended the deceased from IPM 1/25 19 71 to 152PM / 7.5 19 71
0 0 0 0	that (1) (we) last saw the deceased alive an 1/2.5 19 7/ and that in (my) (aur) apinian death accurred an the date
	and have and from the causes stated above. (1) (We) (did) (did nat) view the body after death.
SOPE	23A. SIGNATURE 1 1 7 L. M.D. Attending Med. Stoff W. 23B. DATE SIGNED
E 0 0 m + 0	23G. PHYSICIAN'S OEGREE Phys. Director Phys.
ifficate y was r 1) An a 1.A. at d prior	NAME (Type)  J. L. Fleg  MD.  ADDRESS 4940 Eastern Ave. Balto., Md. 21224
D O O O O O O O O O O O O O O O O O O O	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) IStotel
This certif the body shows: (1) was D.O.A deceased	Burial 1/28/71 HAII CED WAKER WILL WVA
This ce the boas shows: was D.	JAN 27 197 Visited Company of Registran 125C. Funeral Director ekire F. H. Ireland, W. Va. 150-REV. 1/168
-+ W > O >	Vs 150-REV. 1/1/68

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and the second

1/155 74 000	)	HEALTH DEPARTMENT		71 0820				
H-653 71 0821	CERTIFICA	TE OF DEATH	REG. NO	40,00				
1. NAME OF DECEASED (Type or Print) MARGARET MERK	MANN	2. DATE AN	D HOUR OF DEATH	1 111100 1				
3. PLACE IN BALTIMORE MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE IWhen	e deceased lived. Il inst	titution: residence before admission				
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	MD . B. COUN	η	21-02				
INSTITUTION		C. CITY OR TOWN	D. INSID	E CITY LIMITS?				
3 SUNIVERSITY HOSPIT	AL	E. STREET AND NUMBER		YES NO				
		1114 W. CROS	S ST.					
F WIDOW			9. AGE (In years ost birthdoy)	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	BATUR DE		12. CITIZEN OF WHAT COUNTI				
3. FATHER'S NAME		BALTIMO RE	rio.	U.S.H.				
BARETT, WM.		ANNA - 6						
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	HERWON	ADDRESS				
No	214-18-1469	Husband-EIH	IER FAREL	N 1114 W. CROSS				
18. 41/0,9	CAUSE OF DEATH		1	APPROXIMATE INTERVAL				
DISEASE OR CONDITION DIRECTLY	-leave			BETWEEN ONSET AND DEA				
LEADING TO DEATH	CAN MANAEDIATE CAN	Malaca.	dial Inla	' Y '				
(This daes not mean the mode of dying, e	(A) IMMEDIATE CAU	A CONSEQUENCE OF	dial Infa	restion				
heart lailure, asthenia, etc. It means the disea injury ar camplication which caused death.)	se,	TOTAL CONTROL OF						
			U	ł				
ANTECEDENT CAUSES	(8)							
DISEASES OR CONDITIONS, if any, give	ing DUE TO, OR AS	A CONSEQUENCE OF:						
rise to the above cause (A) stating	ine							
UNDERLYING CONDITION last.	(C)			*********				
2								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN.	G							
DISEASE OR CONDITION GIVEN IN PART I (A).	****************							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMIN. DISEASE OR CONDITION GIVEN IN PART I (A).  19A-DATE OF OPERATION 19R CONDITION FOR WAS PERFORMED  21A-ACCIDENT WAS UNDERLYING TO THE PERFORMENT OF THE PERFORMEN	R WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21 B. PLACE OF INJURY (e.g., in home, farm, foctory, street, olf elc.)	or obout 21C. WHERE DID	(II in Boltimore (	City, give exect location)				
	TE INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?					
	While At   Not While							
	Work At Work	ш ,						
	22. I certify that HT(this hospital) attended the deceased fram							
that (1) (we) lost sow the deceased alive a	n	19ond tha	t In (my) (our) opinfo	on death occurred on the da				
and have and from the couses stated above	(1) (We) (dld) (dld no+) vi	ew the bady after death						
23A. SIGNATURE		on the budy until deaths	la la	3B, DATE SIGNED				
Clarke Millernes	Me . S Atter	ding Med. S	toff [	1/2/17/				
23C.PHYSICIAN'S NAME (Type)		3D. ADDRESS	hys.	12/11				
CHARLES T WES	MD	Harrison H	na Di Tini Na	P C - C1				
4A. BURIAL CREMATION, 24B. DATE 24C.	NAME OF CEMETERY OF CRE	MATORY 24D. LO		town, or county) (Stote)				
PUBLO 1-75-41 /	16nd 2001	· Chm	,	(21016)				
UUK 1H1 /25 //	KHOOWKIOLPE	1 (811).						
SA. DATE REC'D BY HEALTH DEPT.   Dep alail	E OE DECISTRAD	Inch suates A						
JAN 27 1071 R.C. A. R. J.C.	E OF REGISTRAR	2SC FUNERA DIRECTOR	BOE E	ADORESS				

MARKAPET HERRHANN 1/21/71 11:18 A . OM BALTIHORE III4 W. CROSS ST. X UNIVERSITY HOSPITAL HOUSEWIFE BATTHORE, HD. U.S.A. ANNA - BARKETT BARETT, WM. Husband-ETHER FARRAND IIIch W CHOSS NO 214-18-Wilner . the the transfer to have the first that to consist of me in sometime god " 16 12/1 11 CHARLES I WEIVER, MD. HAIVERSITY HOSPITAL 225. GREENE St.

Christian Vo

ru nonar	Y HEALTH DEPARTMENT REG. NO. 71 082
BIRTH NO.	ATE OF DEATH REG. NO. 71 USE
INAME OF DECEASED LILLIE BROWN	2 DATE AND HOUR OF DEATH
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decessed fived, Il institution; residence below
	A. SIAIE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?
CORANADA NUESING CANTER	BALTO YES NOT
WOLT L. GERTY HTS AVE	E. STREET AND NUMBER
5. SEX   6. RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   If Under ) You If Under
FE male BLACK WIDOWED DIVORCED	9. AGE (In years   If Under 1 Yr. If Under 1 Yr. Hours   Manths Doys Hours
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLA CE (State or fareign equality) 12. CITIZEN OF WHAT
LAUNATE 55	Balto med
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknown) [Uf yes, give war or dates of service)   SECURITY NO.	17. INFORMANT ADDRESS
110	madeni Provids
18. 4/2, 4 1 CAUSE OF DEATH	
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH  AFRICASION	The state of the s
(A)IMMEDIATE CAU	A CONSEQUENCE OF:
injury as complication which caused death.)	
ANTECEDENT CAUSES	
	A CONSEQUENCE OF:
UNDERLYING CONDITION lost, (C)	9574577490000000000000000000000000000000
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
☐ ITO THE DEATH BUT NOT RELATED TO THE TERMINAL  IDISEASE OR CONDITION GIVEN IN PART 1 (A)	
19A-DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes at Na) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 27A. ACCIDENT WAS INDERLYING	
TOR CONTRIBUTE TO THE OF THE O	n ar about 21 C. WHERE DID (If in Baltimore City, give exact location)
DEATH (notify medical examines)  21D.TIME (Manth) (Day) (Year) (Hour) 21E, thjury Occurred  OF INJURY  While At The New While	21F. HOW DID INJURY OCCUR?
I(APPR()X.)	
Work At Wark  22. I certify that (I) (this hospital) attended the deceased from	
that (I) (we) last saw the deceased alive an	
	an ine seel dies desite
and haur and from the causes stated above. (1) (We) (did) (did not) vi	23B DATE SIGNED
and haur and fram the causes stated abave. (1) (We) (did) (did not) vi	
and hour and fram the causes stated above. (1) (We) (did) (did not) vi 23A. SIGNATURE  After Phys.  23C. PHYSICIAN'S	nding Med. Stuff Phys. 1/21/71
and haur and fram the causes stated above. (1) (We) (did) (did not) vi  23A. SIGNATURE  Attention  23C. PHYSICIAN'S NAME (Type) HOLLIS  PEGGEE  Phys.  2 PEGGEE  PEGGE	nding Med. Staff Phys. 1/25/71
and haur and fram the causes stated abave. (I) (We) (did) (did not) vi  23A. SIGNATURE  AHerr Phys.  23C. PHYSICIAN'S	1/20   Med. Staff   1/25   71  1/801   Creen Comp   A R1209
and haur and fram the causes stated abave. (I) (We) (did) (did not) vi  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type) HOLLIS  A. BURIAL CREMATION, 248. DATE  24C. NAME of CEMETERY of CREMATION.  24B. DATE  24C. NAME of CEMETERY of CREMATION.  24B. DATE  24C. NAME of CEMETERY OF CREMATION.	1801 Gen Leny A 21209
and haur and fram the causes stated abave. (1) (We) (did) (did not) vi  23A, SIGNATURE  After Phys.  23C. PHYSICIAN'S NAME (Type) HOLLIS  A BURIAL CREMATION, 1248, DATE  124C, NAME of CEMETERY of CREATERY OF CR	MATORY  Med. Director Phys.  Staff Phys.    25   71     25   71     27     28   29     29   20     20   30     30   40     40   40     40   40     50   60     60   60     60   60     60   60

Achiere administra Source 14/4/1 14/04/ Afrel. the the distance of the second of the second IMPORTAN

FUNERAL DIRECTOR:



VS 150-REV. 1/1/68

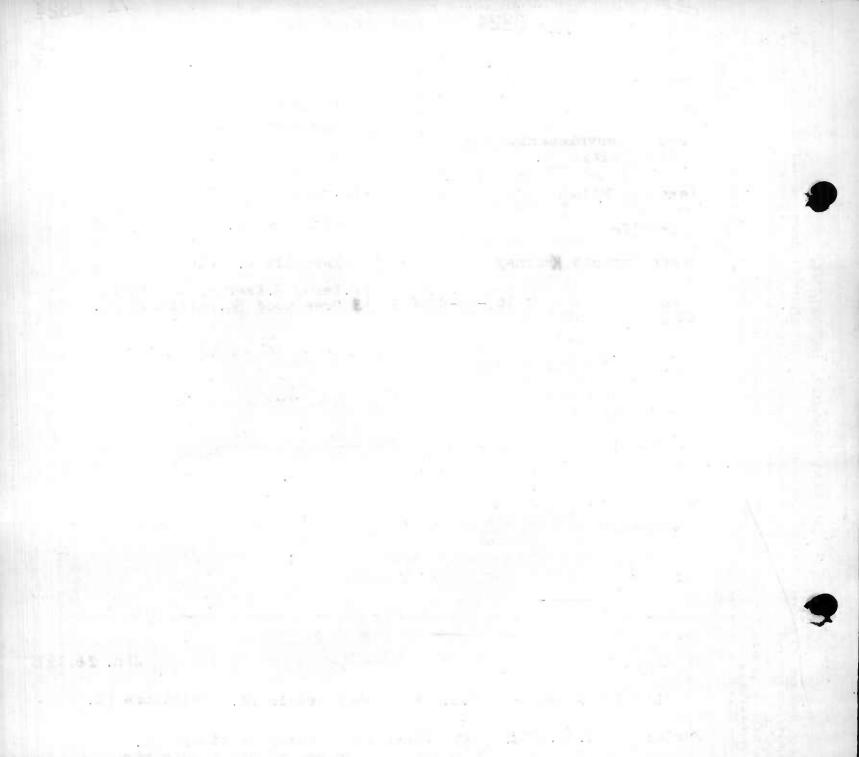


V\$ 150-REV. 1/1/68

Such

a hospital and

BALTIMORE CIT	TY HEALTH DEPARTMENT 12 0821						
W-320 71 0824 CERTIFIC	ATE OF DEATH REG. NO.						
BIRTH NO.							
(Type or Print)  FRANCES P. WATTS	January 24.1971 10 a						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed fived, If institution: residence before admission) A. STATE B. COUNTY						
FULL MALLE OF AFE MOT IN HOSPITAL OR INSTITUTION ONLY STREET	9 17						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Maryland  c. City or fown  D. Inside City Limits?						
INSTITUTION	Baltimore 21218 YES X NO						
Could Convalesarium	E. STREET AND NUMBER						
6116 Belair Rd.	2713 The Alameda						
5. SEX 6. RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.						
Female White WIDOWED DIVORCED							
OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR							
fone during most of working life, even if retired)	Beltimore Md. USA						
Housewife							
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
James Francis Kearney	Marcella A. Cain						
5. Was Deceased Ever in U. S. Armed Forces?  Yes, no or unknown) (If yes, give war ar dotes of service)  SECURITY NO.	17. INFORMANT APDRESS						
no 105-09-6206 A	Mr. Leroy R. Kearney (Brother)						
18. U 2 7 C 1 CAUSE OF DEA	43 Greenwood Rd. Baltimore Md. 21206						
7.3/, 9	BETWEEN ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY	1 - (1 1 1 9						
LEADING TO DEATH	AUSE Clarke Chibroreson Clarker days						
	S A CONSEQUENCE OF:						
injury ar camplication which caused death.)							
ANTECEDENT CAUSES							
(B) C C C C C	seturia cultovanta Vian. years.						
DISEASES OR CONDITIONS, if any, giving DUE TO, OR A	AS A CONSEQUENCE OF:						
UNDERLYING CONDITION last.							
	Destruction Destruction						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	a) bound & Charles Desposor,						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL	Oran Symbon: Debydente 1 Deculiti.						
DISEASE OR CONDITION GIVEN IN PART 1 (A).	20 A. AUTOPSY? (Yes or No. 208. IF YES, WERE FINDINGS CONSIDERED						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?						
	No No						
OR CONTRIBUTING CAUSE OF home, farm, factory, street,	, in or obout 21 C. WHERE DID (If in Baltimore City, give exact location) affice bidg., INJURY OCCUR?						
DEATH (notify medical examiner) etc.)							
21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
OF INJURY							
(APPROX.)  Work  Al Work							
22. 1 certify that (1) (this hospital) attended the deceased fram. 1 12/19/19 20 to 1/24/ 19.21							
that (I) (wa) last saw the decreased alive as	1/22/ 0/						
	that (1) (عسم) last sow the deceased alive an 1/23/19 21 and that in(my) (عسم) apinion death accurred an the da						
and haur and fram the causes stated abave. (1) (42) (1:1) (did nat)	view the bady after death.						
23A. SIGNATURE	23 B. DATE SIGNED						
Aller R Bredle / Al	thending Med. Staff Jan. 26.1971						
23C. PHYSICIAN'S	23D. ADDRESS						
NAME_(Type)							
ALBERT BRADLEY M.D.	4900 Belair Rd. Baltimore Md.						
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF C							
Burial Jan. 27, 1971 New Cathed							
Burial Jan. 27.1971 New Cathed	ral Cemetery Baltimore Md.						
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	O 25 HENRY SANDER & SONS. INC.						
JAN 21 HT VSBand E. Manten ACR.	Baltimore Md.						



71 0825 BALTIMORE CITY HEALTH DEPARTMENT

71 0825

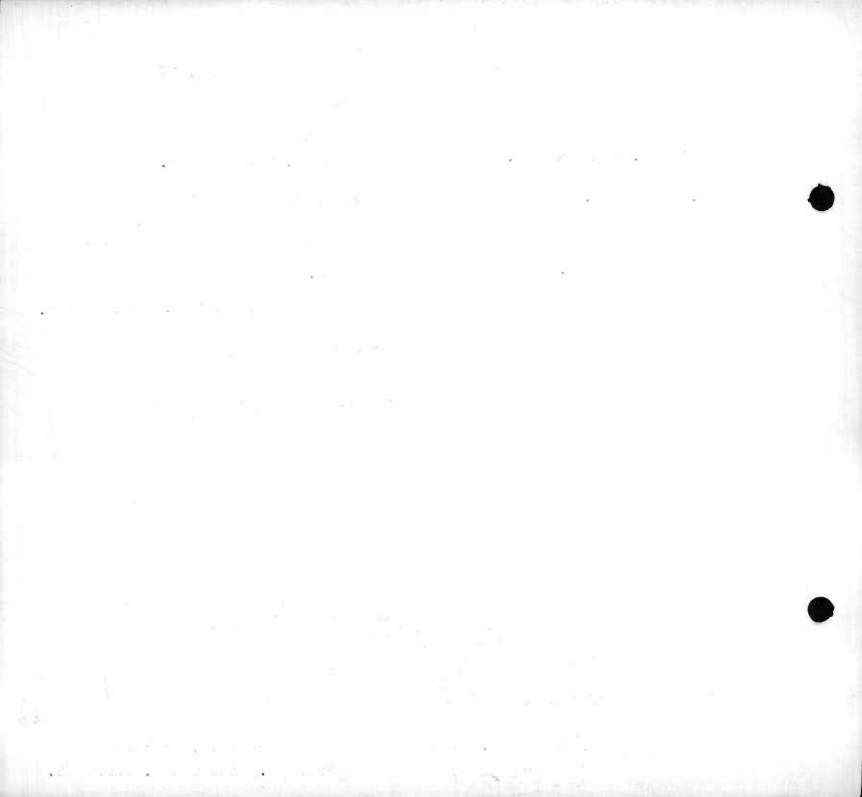
BI	RTH NC.		MEL	JICAL	EXAMINER'S	LEKIIFI	CATE OF	DEAT	H REG. NO	D		
1. NAME OF DECEASED							Known 🔀	14	-		1	
(Type or Print) Robert J. Johnson						2. DATE OF		Manth	Day	Yeor	Hour	
4	PLACE IN BA	ITIMORE MA	APVI AND V	VHEDE DOC	NOUNCED DEAD	DEATH	Estimoted				M.	
	IL NAME OF					PRONOUNCED DEAD			Doy	Year	Haur	
HC	SPITAL	ADDR	ESS OR LOCA	TION)	TUTION, GIVE STREET			1	23	71	4:00 a M	
0,	CINSTITUTION					5. USUAL F	ESIDENCE (Where	deceased li			efare admission)	
	46	Luth	eran H	ospita	1	A. STATE	Maryland		B. COUNTY	14	-10	
6.	SEX	7. RACE		_	D NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?						
	male	color	od				n - 1 - 3	5-110-2				
No.	DATE OF BIRT		IO. AGE (I	WIDOWE	D DIVORCED L  If Under 1 Yr. If Under 24 Hrs.	C CYDEET	Baltimore	2		YES 🔲	NO L	
	1-11-	-31	lost birthdo	y) N	Months Doys Hours Min.	E. SIKEEI						
0	di	01		35			4028 Boarn	nan Av	e.			
11.	BIRTHPLACE (	Stole or loreig	gn country)	1:	2. CITIZEN OF	13. FATHER	'S NAME	0				
	BAVL	mous			WHAT COUNTRY?	144	Thux. A	Ahm	son			
142	USUAL OCCU	JPATION (GIV	e kind of work	148. KIND	OF BUSINESS OR INDUSTRY	15. MOTHE	R'S MAIDEN NA	AE .	2010			
dot	e during most of	F	en it retired)			5/1	i MA	4	1.			
16.	WAS DECEASE		U.S. ARMET	FORCESS	17. SOCIAL	18. INFOR		nvu	211			
(Ye	WAS DECEAS	(Il yes, give	yor or dates	ol service)	SECURITY NO.	S INFOR	MAINING		-00 1	ADDRESS	0.0	
_	4.20	1				Glac	e Johnson	n 40	138 K	oaxer	nan ez	
	19.F 9	65X			CAUSE OF DEA	TH	U				PROXIMATE INTERVAL	
	DISEAS	E OR COND	ITION DIREC	CTIV						DE I W	EEN ONSET AND DEATH	
1	LEADING TO DEATH  Gunshot Wound of chest											
	(This does not mean the mode of dying, e.g.,											
	heart foilure, ostherio, etc. It means the disease, injury or complication which coused death.)											
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE  DUE TO, OR AS A CONSEQUENCE OF:											
2	UNDERLYII	NG CONDITI	ON LAST.		(0)							
Q	(c)											
CERTIFICATION	OTHER SIGN	NIFICANT CON	II NDITIONS CO	ONTRIBUTIN	1G							
문	TO THE DE	ATH BUT NOT	RELATED TO	THE TERMIN	AL							
RI					OR WHICH OPERATION WA	S DEDECTOR	ED			lat Attra		
U.S.	2,				A THIRD OF EXAMON TO	S FERFORM					SY? (Yes ar Na)	
4	22A. FXTER	ALAL CALLER	144.5	1						yes		
EDICAL	UNDERLYING	NAL CAUSE		22  ho	B. PLACE OF INJURY (e.g., me, lorm, loctory, street, office	in or about 2	2C. WHERE DID (	l in Baltimor	e City, give e	ract location)		
	UTING CA				car	1	000 Blk. H	Braddi	sh Ave.	1	4-06	
Σ	OF INJURY	(Month) (D	oy) (Yeor	) (Hour)	22E.INJURY OCCURRED	2	2F. HOW DID INJ					
	(APPROX.)	1 23	71	2 _	WHILE AT NOT	WHILE THE	found shot	in a				
	OF INJURY (APPROX.) 1 23 71 ? m. WHILE AT NOT WHILE AT WORK I found shot in auto											
	I certify that I held an Inquiry Inspection Autopsy X and that on this basis, death in my opinion											
	result	ted from: N	atural cour				. [23					
		/	) (	4 4	Accident   Suicid				ned manner			
	ACTUAL	X	/,/	11	1/11		CHIEF MEDICAL EX				DATE SIGNED	
	SIGNATI	URE // 6	ny	41	Carlo M.D.	- ASSI	STANT MEDICAL EX	AMINER :	k.k		PAIL SIGNED	
	EXAMIN	ER'S ROI	nald N.	Korn	blum, M.D.	ASSO	CIATE MEDICAL EX	AMINER		1/23/	71	
24	NAME (T											
RE	MOVAL (Specif	fy)	48. DATE	7	24C. NAME OF CEMETERY	r CREMATO	RY 250.0	OCATION	(City, Jow	n, or county)	(Stole)	
	18114	ial	1-26-	//	Ux Decua /	nemo	real Hat	FR	allo (	w.	mas	
254	. DATE REC'D	BY HEALTH D	DEPT.	258. NAA	AE OF REGISTRAR	25C F	UNERAL DIRECTO	P		ADDRESS	7.20	
		111 97	1071	70.6	E Jake MA		) I I I		1	NO V	) / "	
_		Aulli w	1314	10		NG	RUMBER O	ande	10 21	76.	reston S	
٧S	151-REV. 7/1/68		NB.	75,	/	06	9			-		

3 15-18-2 Einstate 1-25-71 acretic menerial Park State Co

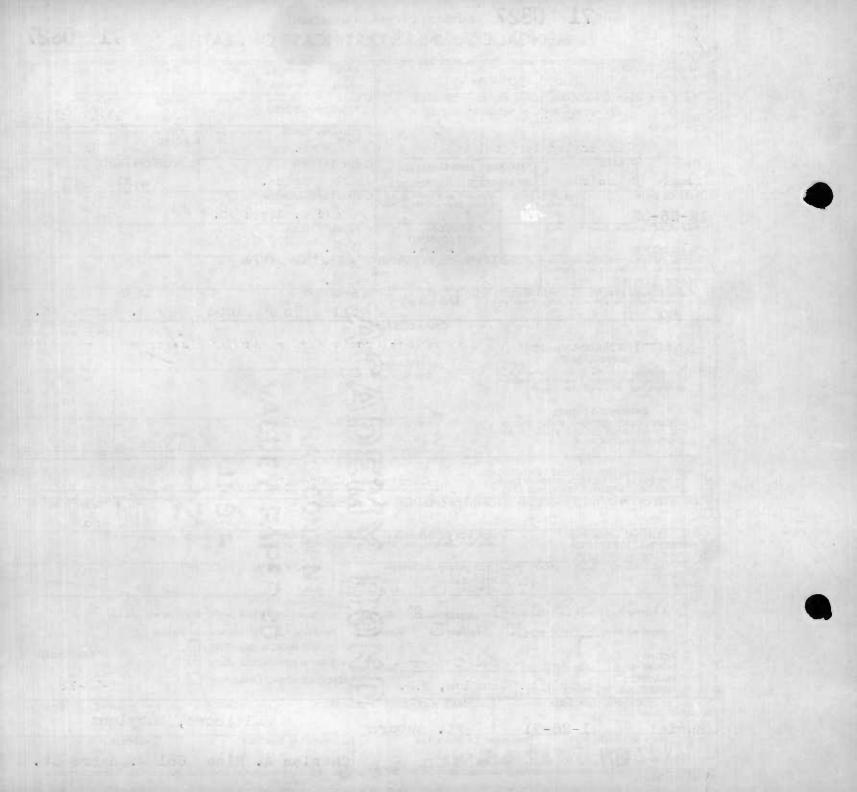
IMPORTANT

FUNERAL DIRECTOR:

RIL	1.0		BALTIMORE CITY	HEALTH DEPARTMEN	NT				
BIRTH NO.	0 71	082	6 CERTIFICA	TE OF DEAT	H REG. NO	71 0826			
1. NAME OF DE	CEASED				TE AND HOUR OF DEATH				
		NDA BA		Je	amuary 22,19	71			
3. PLACE IN BA	LTIMORE MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE	(Whore deceased lived, If i	nstitution: residence before admission)			
FULL NAME OF		AL OR INSTIT	UTION, GIVE STREET	Maryland	l	21-01			
INSTITUTION OF	ADDRESS OR LOCA	ATIONI		C. CITY OR TOWN	D. IN	SIDE CITY LIMITS?			
00				Baltimor		YES NO			
	S. Fremont	Ave.		713 S.	Fremont Ave	•			
F.	6. RACE	7- MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH 7/15/ 12	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.			
IOA. USUAL OCC	UPATION (Give kind of work	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State of	or (oreign country)	12. CITIZEN OF WHAT COUNTRY?			
ione during most of	f working tife, even if retired)			TT DOT	TT A				
3. FATHER'S NA	AME			VIRGIN		U.S.A.			
	Unk.								
5. Was Decease	d Ever in II S Armed For	ces?	1 6. SOCIAL	Unk.		ADDRESS			
Yes, na ar unknow	n) (If yes, give war or date	s of service)	SECURITY NO.		07100 777 0				
110 000					aries 715 S.	Fremont Ave.			
18. PISE A	0171		CAUSE OF DEAT	-		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
DISEA	SE OR CONDITION DIE	RECTLY	M	YOCARDIA	L INFARC	77001			
(This does	(This does not mean the mode of dying, e.g. (A)IMMEDIATE CAUSE								
injuty of Car	heart failure, asthenia, etc. II means the disease, injury or camplication which caused death.)								
DISEASES	DISEASES OR CONDITIONS, if any, giving  (8)  APTERLOSCIEROTIC  DUE TO, OR AS A CONSEQUENCE OF:								
rise to th	nse to the above cause (A) stating the								
ONDERETIN	ONDERLING CONDITION [ast. (C)								
OTHER SIGNI	FICANT CONDITIONS COL	NTRIBUTING							
TO THE DEA	TH BUT NOT RELATED TO THE	E TERMINAL			*******************************				
OTHER SIGNI TO THE DEA DISEASE OR O	F OPERATION 19R CONT WAS PERF	DITION FOR V	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF y medical examiner	218, hom	PLACE OF INJURY (e.g., ir e, farm, factory, street, of	or about 21C. WHERE Difice bidg., INJURY OCCU	tD (If in Boltima)	e City, give exact lacation)			
	(Manth) (Day) (Year)	(Haur) 21E	INJURY OCCURRED	215 11011 511					
21D. TIME OF INJURY (APPROX.)	totalini (bay) (tean		le At   Not While		NJURY OCCUR?				
22. I certify	22. I certify that (1) (this hospital) attended the deceased fram 4 19 19 20 to 122 19 71								
1	) last saw the decease			197/ 10		nian deoth accurred an the date			
	and haur and fram the causes stated above ((1) (We) (did) (fla not) view the body ofter death.								
23A. SIGNATI				2007 only de		23 B, DATE SIGNED			
	( ) Mar	112		ding Med.	Staff Phys.	1/25/71			
23C. PHYSICIA NAME (1	Typel JOHN	5	DEGREE	3D. ADDRESS	HILLVIBA	V RD /BALT, MX			
4A- BURIAL CRE	MATION, 248, DATE	24C. NA	DEGREE OF CRE	MATORY 24	D. LOCATION (Ci	ly, town, or county) (Stole)			
Buria		71 Mt	. Calvery		Brooklyn, Ma	ryland			
SA. DATE REC'S		258 NAME O		25C. FUNERAL DIRE	CTOR	ADDRESS			
JAN 27	1971 82.08	de la	Carl U	O Charles	Ap Rice 661	W. Barre St.			



VS 151-REV, 1/1/68



25C. FUNERAL DIRECTOR

25A. DATE REC'D BY HEALTH DEPT.

VS 151-REV. 7/1/68

25B. NAME OF REGISTRAR

	4-450		HEALTH DEPARTMENT		PHA	0000			
81	RTH NO.	0829 CERTIFICA	TE OF DEATH	REG. NO	1/1	0829			
1.	NAME OF DECEASED			ND HOUR OF DEATH					
	MALE M	CS. ANNA.	1/25/		M				
3.	PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re decoosed lived. Il in		belore edmission)			
FI	USHIAL OR ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	MARYLAND MA						
"	ISTITUTION HAME AN	D HOSPITAL	C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES THE NOTE OF THE PROPERTY OF THE P						
	CHURCH		E. STREET AND NUMBER	,	YES U	ио 🗌			
5.	BALTIMO SEX 6. RACE 17. M		763 NORTH	KENW	000)	AUE.			
	/- M	ARRIED NEVER MARRIED O		9. AGE (In years lost birthday)	If Under 1 Yr. Months Days	If Under 24 Hrs. Hours Min.			
10.	A. USUAL OCCUPATION (Give kind of work 108, in during most of working life, even if retired)	AND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State as fore	ign cauntry)	12. CITIZEN OF	WHAT COUNTRY?			
п	Konse Kuger		MARYLAND			. S. A.			
	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME					
	George Linde	mAU	MARY EWI	ALT					
15. (Ye	Wos Deceased Ever in U. S. Armed Forces? s, na at unknown) (If yes, giva war ar datos af s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDR	SS			
L	No	214-01-2618	CLARA LA	NDESMAN	103.n	· Ken			
	18. 153,3	CAUSE OF DEATH	- 10 A B A A	1 6 9	APPRO	XIMATE INTERVAL			
1	DISEASE OR CONDITION DIRECTL LEADING TO DEATH	Y Small.	land obstruct	ild regional	BEIWEEN	ONSET AND DEATH			
	(This does not mean the mode of dvine	(A) IMMEDIATE CAU	SE CONSEQUENCE OF:	humor pro		*************************			
	heart lailure, asthenia, etc. It means the d injury or complication which caused death		CONSEQUENCE OF:						
	ANTECEDENT CAUSES	P	P.	id Colon		8			
1	DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	A CONSEQUENCE OF:	of Colon		************			
	rise to the above cause (A) stating the								
	ONDEREING CONDITION 10SE	(c)	*************************			*************			
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING							
ATION	TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A)	MINAL		*					
FIC	19A-DATE OF OPERATION 19B. CONDITION WAS PERFORME	FOR WHICH OPERATION	20 A. AUTOPSY? (Yos or No	20B, IF YES, WERE FI	NDINGS CONSID	DERED			
CERTIFIC	21/65/11 3. tet	obstant		IN CERTIFYING CAU	SES OF DEATH?				
	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, farm, factory, street, affi	or obout 21 C. WHERE DID	(If In Boltimare	City, give axoct la	scotion)			
ICA	DEATH (notify madical examined)	etc.)		_					
MEDICAL	21D. TIME (Manth) (Day) (Year) (Hou OF INJURY	The state of the s	21F. HOW DID INJU	JRY OCCUR?					
~	(APPROX.)	While At Work							
	22. I certify that (I) (this hospital) atte	nded the deceased from	1/20/	9 Z/to	1/251	10.2/			
	that (1) (we) last saw the deceased ali		/	t in (my) (aur) apini	lan daath assau	192/			
	and haur and from the causes stated ab	/	ew the hady after death	in (my) (doi) opin	ion death deed	red on the date			
	23A. SIGNATURE	di	en me day dier dedina		23B, DATE SIGNE	D			
- O	T. Sru Jaman	Atten	ding Med.	Staff Phys.	1/				
- 1	23C. PHYSICIAN'S	DEGREE Phys.	Director L 1	hys. 🗀	-/				
	NAME (Type)	1484 - 074	CHURCH A	YOME AND	NOSP	ITAL			
24A	BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CREA	8		, tawn, ar county)				
	REMOVAL (Specify) Burial 1/29/71				, awing at country)	(3late) ·			
25A		Holy Redeemer Cem	25C. FUNERAL DIRECTOR	timore, Md.	400	DECC			
		aber A.D. O	Ohilip E. Cv	ach 1211 Che	saco Ave				
VS	150-REV. 1/1/68								

K-320 71 0830	BALTIMORE CITY	HEALTH DEPARTMENT	X	ru 0000					
BIRTH NO.	CERTIFICA	TE OF DEATH	REG. NO	71 0830					
1. NAME OF DECEASED (Type or Print)	) 0 = 0		NO HOUR OF DEATH	T 05 0					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUN	CED DEAD	1/43	71	stitution; residence before adhission					
WHERE PROHOUS	CED DEAD	A. STATE B. COU	NTY	stitution; residence before admission					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTI ADDRESS OR LOCATION)	ON, GIVE STREET	MARYCAND	BALTIMOI	RE 5300					
INSTITUTION		C. CITY OR TOWN	D. INSI	DE CITY LIMITS?					
CHURCH HOME & HOSPIT	AL	BALTIMORE		YES NO					
35		E. STREET AND NUMBER							
5. SEX   6. RACE   7. MARDRED A		1640RICKI	ENBACKER	CRD.					
FEMALE WHITE WIDOWED	NEVER MARRIED DIVORCED	0-24-23	9. AGE (In years last birthdoy)	If Under 1 Ye. Il Under 24 Hrs Manths Doys Hours Min.					
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF Budane during most of working life, even if relired)	JSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTR					
SECRETARY -		W. VIRGIN	A	US A					
3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME						
LEX JOHNSON		L.B. JOHN	ISON						
5. Was Deceased Ever in U. S. Armed Farces? Yos, no or unknown) (Iff yes, give war at dates of sorvice)	SOCIAL	17. INFORMANT		ADDRESS					
( )	SECURITY NO. 224244696	HERSE	LE	SAME					
18.	CAUSE OF DEATH		<u> </u>	APPROXIMATE INTERVAL					
DISEASE OR CONDITION DIRECTLY	ONOTE OF DEATH	•		BETWEEN ONSET AND DEAT					
LEADING TO DEATH		- PILL MANAG	Y PATMA						
This does not mean the mode of dying, e.g.,  (A) IMMEDIATE CAUSE PUC MONARY EDEMA									
heart failure, osthenia, etc. It means the disease, injury or complication which coused death.)									
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if ony, giving  DUE TO, OR AS A CONSEQUENCE OF:									
DISEASES OR CONDITIONS, if ony, giving	(B) DUE TO, OR AS	A CONSEQUENCE OF	111031)	/					
rise to the obove couse (A) stating the		A GONSEGUENCE OF.	THE LIVE	ER					
UNDERLYING CONDITION lost.	(c)	******************************		***************************************					
II II									
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL	GASTRI	C WICER , ALL	2+						
DISEASE OR CONDITION GIVEN IN PART 1 (A).				***************************************					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED CAST RIC ULCE		20A. AUTOPSY? (Yes or No	IN CERTIFYING CAU	INDINGS CONSIDERED					
U 21A ACCIDENT WAS UNDERLYING TO 1218 BI	HJATALH S	PRUA -							
CO CONTRIBUTION CONTRIBUTION	form, factory, street, all	or about 21C. WHERE DID	(It In Boltimore	City, give exact location)					
DEATH monty medical examiner	-								
= IOE INTITIEY	JURY OCCURRED	21F. HOW DID INJ	URY OCCUR?						
[APPROX.] While Wark	At Work		-						
22. I certify that (V) (this hospital) attended the			10-71 40 1 5	- 2 7 10 3 /					
that (1) (we) lost sow the deceased alive on	22. I certify that (W(this hospital) attended the deceased from 1-3-1971 to 1-23 1971								
that (1) (we) lost saw the deceased alive on 1 2 3 ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.									
23A. SIGNATURE	fe) (did) (did not) vi	ew the body ofter deoth.	<u> </u>						
AL TY	O Allen	ultra man that me		23 B. DATE SIGNED					
No throwan	DEGREE Phys.	ding Med.	Shaff Rhys.	11-23-21					
23C. PHYSICIAN'S NAME (Type)	2	3D. ADDRESS	(1) (1)	42011					
NIZAR UMRA	AN MA	CHURCH	HOME 9	HOSP.					
4A. BURIAL CREMATION, 24B. DATE 24C. NAMI	E of CEMETERY OF GREAT	MATORY 24D. L	OCATION (City	y, town, or county) (State)					
BURING 1-27-71 FAIR	RUIEW .		1770200	1/A					
5A. DATE REC'D BY HEALTH DEPT.   25B. NAME QE, I	4 I S. Sector II I Company	25C, FUNERAL DIRECTOR	AKKU WS	/ ADDRESS					
INN 98 me Qa ab Zin	. SO O		3 070000	PORCE ADDRESS MA					
'S 150-REV. 1/1/68	2007 3	REED FUTTER	TI HOME	RISING. SUN					
J 100-0248 1/1/09									

1 7 1 = 1 = 3 VV E3 #4 V The state of the s hospital

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DIRECTOR:

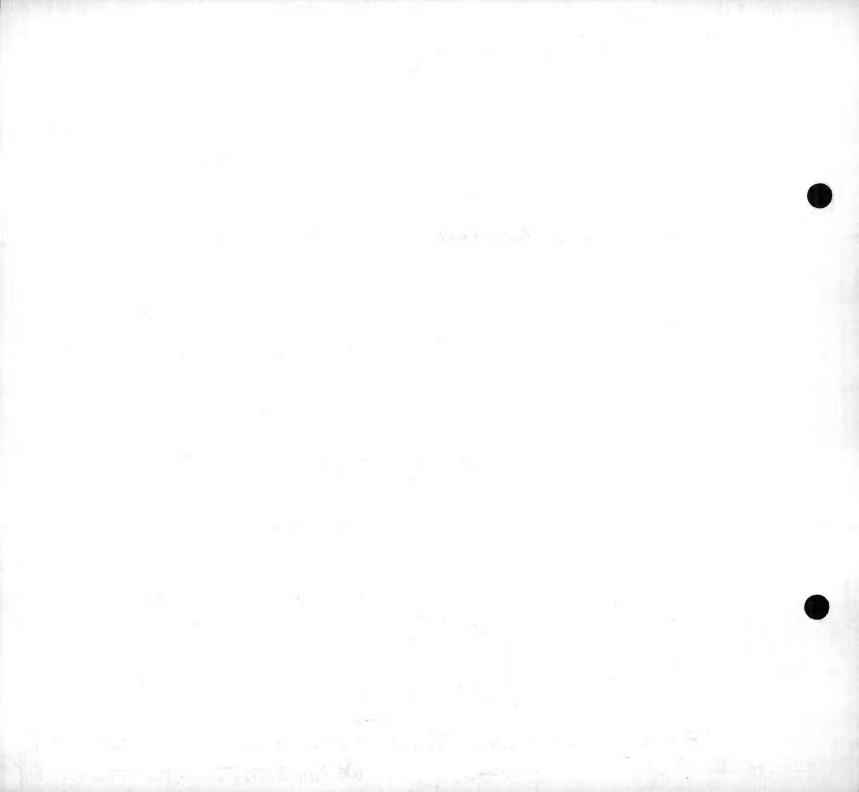
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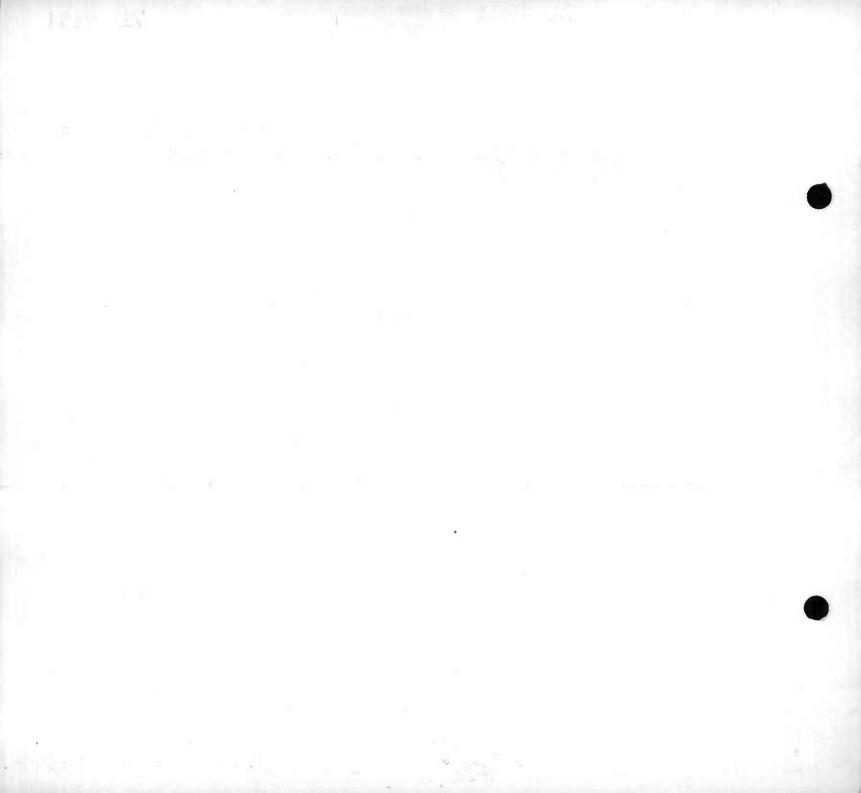
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To the second of 
VS 150-REV. 1/1/68

DEPARTMENT	71 0833
F DEATH REG. NO.	
2. DATE AND HOUR OF DEATH	. 15
RESIDENCE (Where deceased lived, If in B. COUNTY	/ 3 44
Baltimas	5300
P. INSI	DE CITY LIMITS?
I AND NUMBER	YES NO
+ Wilfred Court	
F BIRTH 9. AGE (In yours lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
PLACE (State at foreign country)	12. CITIZEN OF WHAT COUNTRY?
altimore Co. Md. ER'S MAIDEN NAME	U. S.A.
ER'S MAIDEN NAME	
MANTY Biddison.	
	ADDRESS
Nesw.	Records.
^	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
onchopneumoria	5 days
ENCE OF:	
	7
UENCE OF:	PR 94 000 000 - WHATTO CONTROL OF
ia secondary to	
iosclerosis	3 years
**********************	NONE CONCESSOR
TOPSY? (Yos or No) 208, IF YES, WERE FI	SES OF DEATH?
C. WHERE DID (If In Boltimore	City, give exact location)
F. HOW DID INJURY OCCUR?	
HOW DID INJURY OCCUR!	
70 19 10 1/	23/2/ 10
and that in (my) (aux) opini	on death accurred on the date
dy after death.	and the date
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	23R DATE SIGNED
Med. Staff Phys. Staff	1/45/1/
vick, 200 W. 40	Md, 212/1
	, town, or county) (Stote)
RRY PIKESVILLE	BALT- MEL
Cook-Books Towson I	
	V- 1000000 1001



0-	620	71	0834		HEALTH DEPARTM	Y	71	0834	
BIRTH NO				CERTIFICA	CIL OI DLA	AIII )			
(Type or P	of DECEASED	0. 6	ross		2. D	1-23-7/	'н 1	145 P	
3. PLACE	IN BALTIMORE A			UNCED DEAD	4. USUAL RESIDENCE	CE (Where deceased lived, If	institution; reside	ence before admission)	
FULL NA. HOSPITAL INSTITUTI	OR ADD	OT IN HOSPITA	L OR INSTIT	UTION, GIVE STREET	A. STATE  M.C. GITY OR TOWN	Balto.	ISIDE CITY LIMIT	5300	
Har	der Vier	- Heirs	ing to	Tome	E. STREET AND NU	MBER + O	YES	NO 🔼	
10	12/	3 Regi	W 17	<i>t</i>	7419 Bas	y frent doe			
5. SEX	6. RACE	)	7. MARRIED WIDOWED		8. DATE OF BIRTH 9/11/0/	9. AGE IIn years lost birthday	II Under 1 Months Doy	fr. If Under 24 His.	
10A, USUA	L OCCUPATION (G	sive kind of work	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote	e or foreign country)	12. CITIZEN	OF WHAT COUNTRY?	
Nor	ne	even it imited!			md		4	SA	
67	las, a		-		Grace &	E Reuschle	nt		
15. Was Do (Yes, no or o	eceosed Ever in U. unknown) (II yes, gi	S. Armed Fore ve wor or dotes	es? of servicel	16. SOCIAL SECURITY NO.	17. INFORMANT	1-7419 Bayfr	ont Rd.	DRESS	
18.	412 4	1		CAUSE OF DEAT	H		] AF	PROXIMATE INTERVAL	
7	DISEASE OR CO	NDITION DIR	ECTLY		Pulmous	s. Osbura	BETW	TEEN ONSET AND DEATH	
heart	does not mean to foilure, asthenio, or complication v	******	11						
	ANTECEDE	NT CAUSES		(no a	he the	lue -		1 week	
nise	ASES OR COND	ITIONS, if a		DUE TO, OR AS	A CONSEQUENCE OF	Disea e		?	
UNDE	RLYING CONDIT	ION TOSL		(c)					
E TO TH	SIGNIFICANT CON E DEATH BUT NOT SE OR CONDITION	RELATED TO TH	E TERMINAL	Em	lepses	****		3	
19A.D.	ATE OF OPERATIO	N 198 CONE	HION FOR	WHICH OPERATION	20 A. AUTOPSYZ IY	IN CERTIFYING C	E FINDINGS COL	NSIDERED TH?	
OR CC	CCIDENT WAS UP INTRIBUTING C.	NDERLYING AUSE OF	218, hom elc.	PLACE OF INJURY (e.g., i e, farm, factory, street, of	n or obout 21 C. WHERE lince bldg., INJURY OC	DID (II In Boltim	ore City, give exc	oct locotion)	
OF IN	JURY	(Doy) (Yeoi)		INJURY OCCURRED  ILE AT Not While At Work	• [7]	DID INJURY OCCUR?	,		
22. 1	22. I certify that (I) (this hospital) attended the deceased from 1/27 19 76 to 1977								
thot (	that (i) (we) lost saw the deceased alive on 1//7 19 7/ and that in (my) (our) opinion death occurred on the date								
and h	and hour and from the couses stated abave. (1) (We) (did) (did nat) view the bady after death.								
	23A. SIGNATURE  Attending   Med.   Stoff								
23 G. PH	AYSICIAN'S AME (Type)	Jose	EPH S	DEUREE	23D. ADDRESS	CALVERT	57		
24A. BURIA	AL CREMATION, OVAL (Specily)	248. DATE	24C.N/	ME of CEMETERY of CRE	MATORY	24D. LOCATION (	City, town, or cor	unty) (Stote)	
Buri	al	1/27/7		don Park Ce		Baltimore,		Md.	
JAN	28 1971	Pagage &	3 0	OF REGISTRAR	Onlovan	Euneral Hom	e-3818	Roland Ave	
S 150-RF	V. 1/1/68	2		100 100					



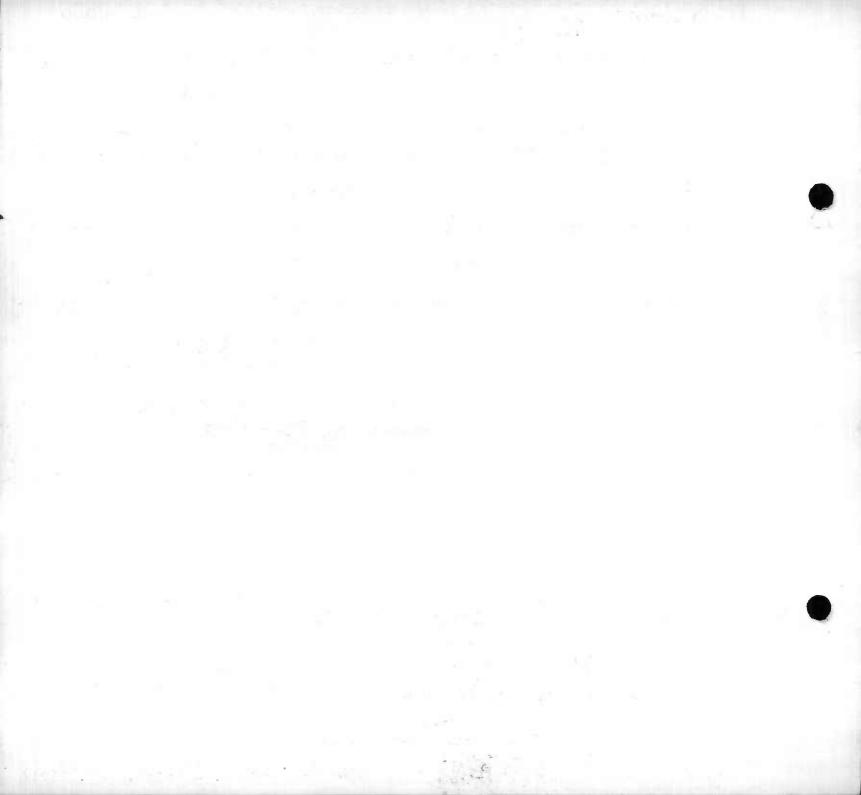
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6009 Harford Rd. - Balto., Md.21214

thing I tag- be a community of the second A TENES SELECTION TO PERSONAL PROPERTY. FOR SET ON SILVERSUS CHEER AND SET OF 
IMPORTANT

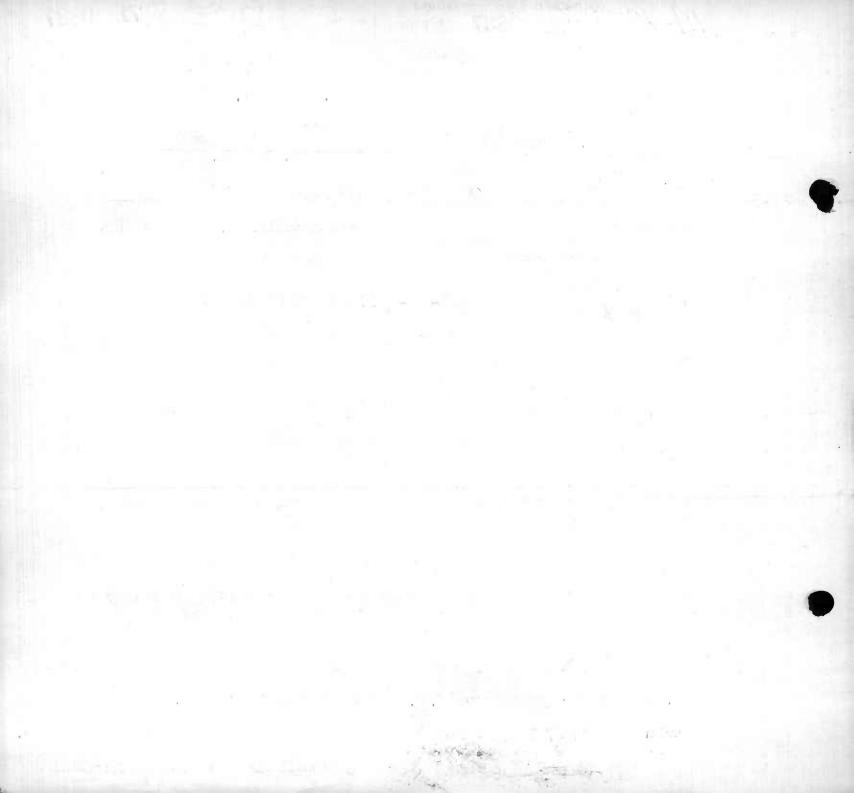
DIRECTOR:

FUNERAL



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



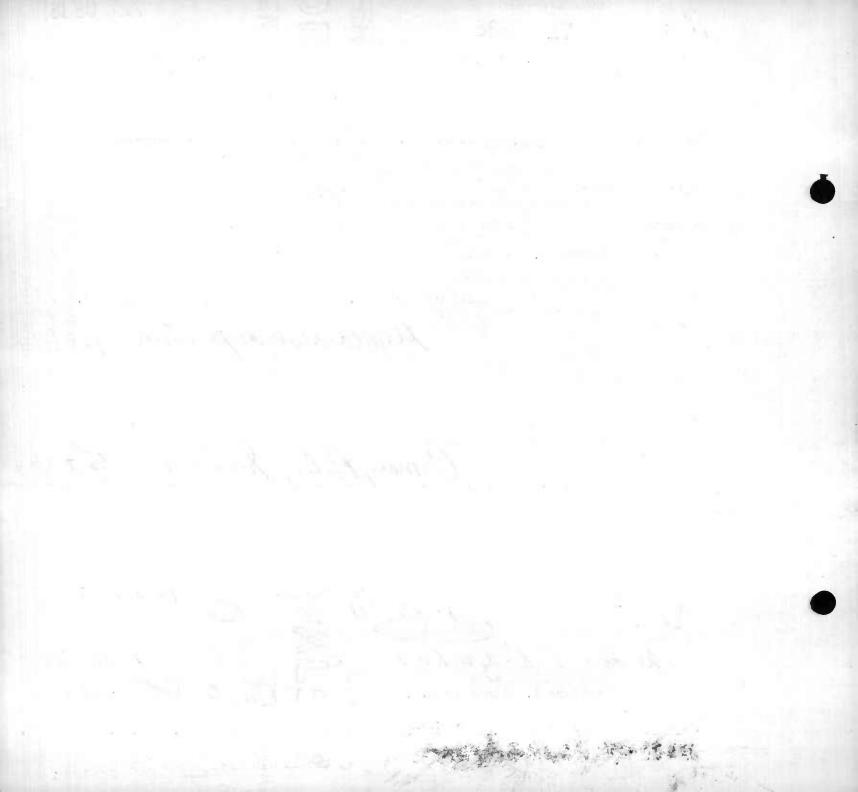
BALTIMORE CITY HEALTH DEPARTMENT

IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

D. INSIDE CITY LIMITS? NO X YES If Under 1 Yr. Manths: Days If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 208, IF YES, WERE FINDINGS CONSIDERED (If in Baltimare City, give exact location) and that (in (my) (our) opinion death occurred on the date 23B. DATE SIGNED (State) (City, tawn, or caunty) Balto. Md.

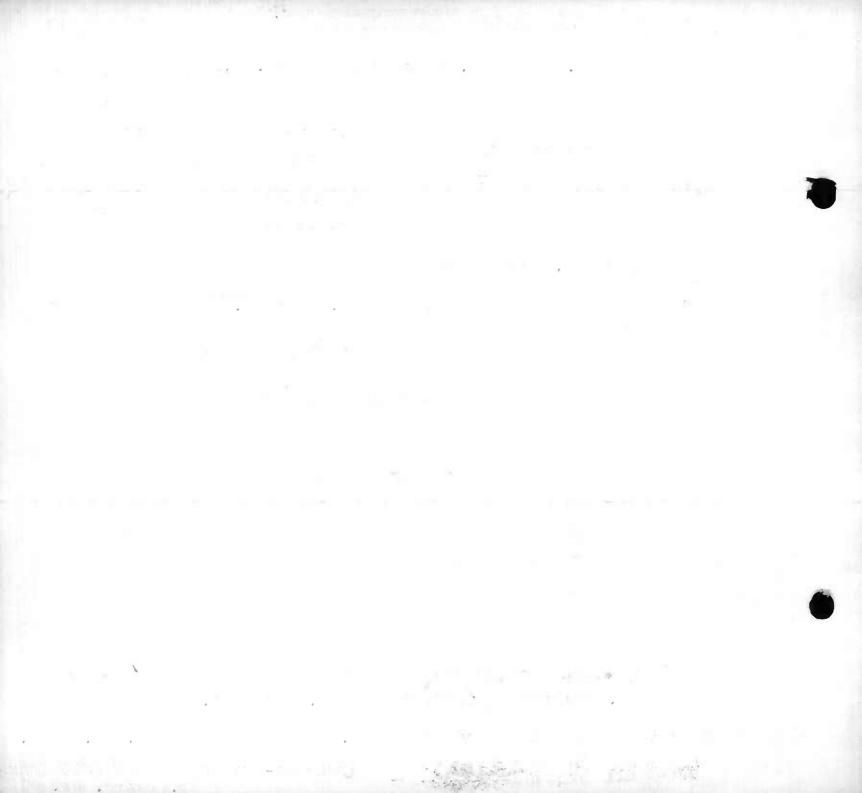
ADDRESS



VS 151-REV. 1/1/68

. भारतमाना कि इंड इंड THE CLIPTON A. SONT CHERTEL CAME TO BORNEY OF TERRET CENTRED Throwsman 1/22/11 Daniel na las ... THE CATTE THE ART THE 

VS 150-REV. 1/1/68



Fractured hip and ribs ANTECEDENT CAUSES (8)\_\_\_\_\_\_\_DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION | 208. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Soltimore City, give exoct location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-HOME Manchester Depot, Vermont UTING CAUSE OF DEATH 22D. TIME (Month) (Doy) (Hour) 22E.INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Yeor) OF INJURY

NOT WHILE unk . WHILE AT I certify that I held on Inquiry L Inspection Autopsy XX and that on this basis, death in my opinion Accident XX Suicide resulted from: Notural couses Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL

ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S Peter Lipkovic, M.D. ASSOCIATE MEDICAL EXAMINER NAME (Type)

24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (Cliy, town, or county)

Lassahr Funeral Home 7401 Belair Rd. 21236

Subject fell

REMOVAL (Specify) 1-26-73 Burial Hill Side Cemetery Castleton 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR

24 70

248. DATE

25C. FUNERAL DIRECTOR

**ADDRESS** 

DATE SIGNED

(Stote)

1/25/71

Vt.

VS 151-REV. 1/1/68

24A. BURIAL CREMATION.

(APPROX.) 23.

CERTIFICATION

The same of the sa

B-350	7.1 UO.44		BALTIMORE CITY HE			DEAT	u	71	0842
BIRTH NO	WEI	JICAL I	EXAMINER'S	CKIIFI	CATE OF	DEAT	REG. NO		00.10
1. NAME OF DEC				2. DATE	Knawn 4	Month	Day	Yeor	Hnur
(Type or Print)	Raymond W.	BOUT	ON	OF DEATH	Estimated	Janua	ry 24, 1	1971	м.
4. PLACE IN BAL	TIMORE, MARYLAND,			3. DATE		Month	Day	Yeor	Hour
FULL NAME OF HOSPITAL	(IF NOT IN HOSPI	TAL OR INSTITU	TION, GIVE STREET	PRONOUNCED DEAD January 24, 1971 12:32 A					
OR INSTITUTION	Assurance out to				ESIDENCE (Where	deceosed liv		residence l	
	Union Memor	ial Hos	pital (DOA)	A. STATE	Maryland		B. COUNTY	1 1	135
6. SEX	7. RACE	B. MARRIED	NEVER MARRIED	C. CITY OR			D. INSIDE CIT	Y LIMITS?	
Male	White	WIDOWED			Baltimor	e	VE	s 🛚	но 🗆
9. DATE OF BIRTH	H 10.AGE	In yeors If	Under 1 Yr, If Under 24 Hrs,	E. STREET	AND NUMBER		16.	, (=)	140 🗀
28 Dec 1	lost birthd	ov) Mo	onths Doys Hours Min.		3912 E.	North	rn Park	7037	
11. BIRTHPLACE (S	itate ar fareign country)	12.	CITIZEN OF	13. FATHER		NOT CITE	III FALKY	ray	
			WHAT COUNTRY?	CI)-	D				
	k (Astoria) PATION(Give kind of worl	14B. KIND O	U.S.A. F BUSINESS OR INDUSTR		arles Bou				
done during most of w	vorking life, even il retired)	~ = = =							
Chiropra	cter ED EVER IN U.S. ARME		II7. SOCIAL	IB. INFOR	die Parke	er	40	DRESS	07.00/
Yes, no or unknown)	(If yes, give wor ar dotes	ol service)	SECURITY NO.						21206
Yes	WWII		055-14-1670		Raymond Bo	outon	3912 E.	Northe	ern Pkwy.
412	+ Juf-1		CAUSE OF DEA					BETW	ZEN ONSET AND DEATH
	E OR CONDITION DIR	ECTLY	Arterios	clerot	ic cardiov	ascula	ir diseas	e	
	LEADING TO DEATH		(A)IMMEDIATE						
heart foilure,	at mean the made of d , asthenio, etc. Il meons th	e disease.	DUE TO, OR	AS A CONSEC	UENCE OF:				
injury or com	nplication which coused de	rain.)							
	NTECEDENT CAUSES		(8)						
DISEASES O	OR CONDITIONS, IF AN	IY, GIVING	DUE TO, OR	AS A CONSE	QUENCE OF:				
UNDERLYIN	NG CONDITION LAST.		(c)						
OTHER SIGN TO THE DEA DISEASE OR 20A. DATE OF	11								
OTHER SIGN	IFICANT CONDITIONS C	ONTRIBUTIN	G						
DISEASE OR	ATH BUT NOT RELATED TO CONDITION GIVEN IN I	PART I (A).	***************************************						
20A. DATE OF	OPERATION 208. CO	NDITION FO	R WHICH OPERATION W	AS PERFORM	IED			21. AUTO	PSY? (Yes or Na)
0 2									Yes
	NAL CAUSE WAS	228	PLACE OF INJURY(e.g., ne, farm, factory, street, offic	In ar about 2	2C. WHERE DID (	II in Baltimai	re City, give exac		100
<u> </u>	OR CONTRIB-	hor	ne, larm, factory, street, offic	e bldg., etc.) i	NJURY OCCUR?				
≥ 22D. TIME (	(Month) (Day) (Yes	r) (Hour)	22E.INJURY OCCURRED	2	2F. HOW DID INJ	TURY OCCI	JR?		
OF INJURY (APPROX.)				WHILE					
23.		m.	WORK LAT W	ORK					
1 certi	Ify that I held on	Inquiry	Inspection Au	topsy X	ond that on th	is basis.	death in my	pointon	
	ted from: Noturol co		Accident Suicio				ned monner	7	
165011	1011. 1010101 681	LA -	Accident Juicid		CHIEF MEDICAL E		med monner L		
ACTUAL	X/,	d 71	11/11		STANT MEDICAL E		F		DATE SIGNED
SIGNATU		11,	160 CM.D	•			_		
NAME (T	KODALO	N. Korn	ablum, M.D.	ASSC	CIATE MEDICAL E	XAMINER	□ Jar	uary	24, 1971
24A. BURIAL CREA REMOVAL (Specific	MATION, 248. DATE		24C. NAME of CEMETERY	or CREMATO	DRY 24D. I	LOCATION			
Burial	27 Jan	71	Gardens Of Fa	ith Cem	etery Ov	rerlea	Ba	lto.	Md.
	BY HEALTH DEPT.		E OF REGISTRAR		FUNERAL DIRECTO			DRESS	
128N 95	8 2071 Webs	1 3 3 4	Bank 282 2	Las	sahn Funer	ral Ho	me 7401	Belai:	r Rd. 2123
VS 151-REV. 1/1/68			ALL Marks (1311)	9 10	3 4				
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E RO LY 

·B-256 71 084	A 2 BALTIMORE CITY	HEALTH DEPARTMENT	74 06.13			
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO.	/1 0040			
(Type or Print)		2. DATE AND HOUR OF DEATH				
SYLYAN GUC	KNER	1-25-71	7:25 A.M			
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRON	OUNCED DEAD	A. USUAL RESIDENCE (Where deceased lived. If in A. STATE B. COUNTY B 3 1 1 0 ,	stitution: residence before admission)			
FULL NAME OF HOSPITAL OR INST ADDRESS OR LOCATION	ITUTION, GIVE STREET	AXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Md. 5300			
SINAI HOSPITAL OF BI	ALTIMORE	BALTIMORE	YES NO A			
42		E. STREET AND NUMBER 4204 COLON I	AL ROAD			
5. SEX   6. RACE   7. MADDIE!	NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years	Il Under 1 Yr. Il Under 24 Hrs.			
MALE WHITE WIDOWE	DIVORCED	11-30-1902 lost birthdox	Months Doys Hours Min.			
10A, USUAL OCCUPATION (Give kind of work 10B, KIND (done during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
CAB DRIVER SIN C	AB CO.	BALTIMORE, MARYLAND	USA			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
ISADORE BUCKNER		LENA ?				
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS			
(Yes, no or unknown) (If yes, give wor or dotes of service)		MRS, LILLIE BUCKNER,				
NO	216-03-0288 CAUSE OF DEATH	XXXXXX 4204 COLONIAL ROA				
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEAT	0. 1	BETWEEN ONSET AND DEATH			
(This does not meen the made of dying, e.g	(A) IMMEDIATE CAU					
hearl failure, asthenia, etc. It means the disease	DUE TO, OR AS	A CONSEQUENCE OF:				
injury ar complication which coused death.)	0 ,	facture				
ANTECEDENT CAUSES	(B) (a)	uliumale.				
DISEASES OR CONDITIONS, if any, giving	DUE TO, OR AS	0				
UNDERLYING CONDITION tost	(c) Pulnin	many edena +? myseasteal				
11		1 julach no	,			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL TO DISEASE OR CONDITION GIVEN IN PART 1 (A).						
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	100000000000000000000000000000000000000		*******************************			
19A-DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A AUTOPSY? (Yes or No) 20R. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?			
U 21A. ACCIDENT WAS UNDERLYING 21	B. PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DID /// In Rollimore	City, give exoct locotion)			
DEATH (notily medical examined)	me, lorm, loctory, street, of	ince bidg., INJURY OCCUR?				
D 21D. TIME (Month) (Doy) (Year Hour 21	E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
₹ (APPROY)	hile At [ No! While					
W	ork LJ At Work					
22. I certify that (I) (this haspital) attended		- 22 19 71 10	-25- 1971			
that (1) (we) lost sow the deceased alive an.	1-25	19_7  ond that in(my) (our) opin	ilon death occurred on the date			
and hour and from the causes stated abave.	(1) (Wa) (did nat) vi	lew the bady after death.				
23A. SIONATURE			23R DATE SIGNED			
L. Hulous Dan M		Med. Stoff Phys.	1-25-71			
23C. PHYSICIAM'S NAME (Type)	DEGREE	3D. ADDRESS				
	u.n	C N. 10-0.1	1 DA			
24A. BURIAL CREMATION, 124B. DATE 124C.N	AME of CEMETERY OF CRE	since fatell of	Dallemore			
REMOVAL (Specify)			y, town, or county! (Stote)			
	IZUK AMUNO (ARI		RYLAND			
25A. DATE REC'D BY HEATH DEPT. 258, NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR  GOT TEVINGON & DDOG 601	ADDRESS  O DETCTEDCTOWN DOAD			
JAN 28 9077 Company	150 (8 C)	SOL LEVINSON & BROS., 601	O KEISTEKSTOWN KOAL			
VS 150-REV. 1/1/68						

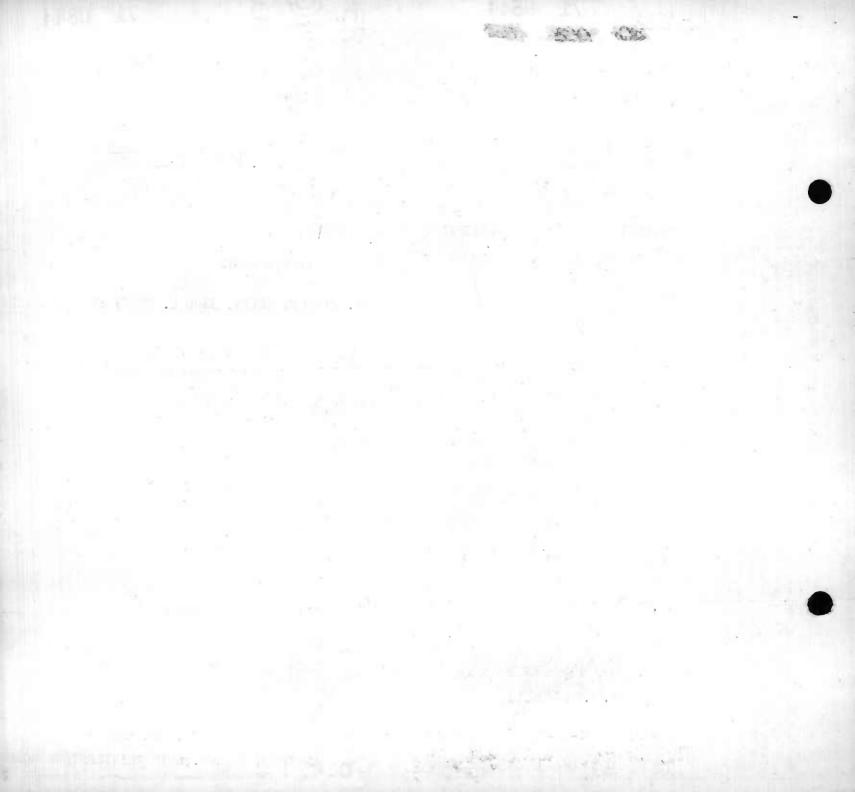
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STREET LIKE-WILLIAM

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VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



71 0845 BALTIMORE CITY HE	
+ 346 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 74 0845
SIGNITIO.	REG. NO.
1. NAME OF DECEASED (Type or Print)  ALBERT FIEDLER S.R.	2. DATE Known Month Doy Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	DEATH Estimoted LI M.
FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET. HOSPITAL ADDRESS OR LOCATION	PRONOUNCED DEAD 1 27 1971 5:05 a
4 St. Agnes Hospital 1-29-71	S. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)  A. STATE  Md.  B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male white widowed Divorced	Balto. YES NO
6/16/09   losi birthday)   Months, Days   Hours   Min.	F. STREET AND NUMBER 720 Meadow Brook Rd.
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
Tez, harytand	OTTO P. FIEDLER
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR done during most of working lile, even if retired)	15. MOTHER'S MAIDEN NAME  MINNE DAGGART  18. INFORMANT  ADDRESS
FLORIST	MINNIE DAGGART
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or ynknown) (It yes, give wor or doles of service)   17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS
[215-09-1992]	LEONA FIEDLER
Amboniona 1	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	erotic cardiovascular disease
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease.	AUSE AS A CONSEQUENCE OF:
Injury or complication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST. (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	S PERFORMED   21. AUTOPSY? (Yes or No)
	yes
UTING CAUSE OF DEATH.	in or obout 22C. WHERE DID (If In Boltimore City, give exact location) bldg., etc.) INJURY OCCUR?
Z 22D. TIME (Month) (Doy) (Year) (Hour) 22E.INJURY OCCURRED.	22F. HOW DID INJURY OCCUR?
(APPROX.) MHILE AT NOT AT W	WHÎLE D
I certify that I held on Inquiry Inspection Au	opsy X and that an this basis, death in my aplaion
resulted from: Natural causes X Accident Spicid	
V/ 1/1/1/	CHIEF MEDICAL EXAMINER
SIGNATURE A MICH MICHAEL M.D.	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER
NAME (Type) Ronald N. Kornblum, M.D.  24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY	or CREMATORY   24D. LOCATION (City, fown, or county) (State)
REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 28 1971 C.C. B. T. B. J. C. T.	NARABB 21228
VS 151-REV. 1/1/68	

153 1-29-71 M.H.

	71 0846	BALTIMORE CITY	HEALTH DEPARTMENT	1	74 0040			
	1-200	CERTIFICA	TE OF DEATH	REG. NO	71 0846			
	BIRTH NO.  1, NAME OF DECEASED			D HOUR OF DEATH				
	(Type or Print)	ARTHA T		W. 26,1	19711 5:50 AM.			
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	NOUNCED DEAD	4. USUAL RESIDENCE (Where	e deceased lived. If in	estitution: residence before admission)			
			A. STATE B. COUNT		EZAA			
	FULL NAME OF (IF NOT IN HOSPITAL OR INS HOSPITAL OR ADDRESS OR LOCATION)	TITUTION, GIVE STREET	C. CITY OR TOWN	BALTO	IDE CITY LIMITS?			
	INSTITUTION			D. 11431	YES NO Z			
	4500LO NURSIAG	HOME	E. STREET AND NUMBER		TES NO E			
	BECA		8014 N	EI 5 HROK	ac aut			
0		ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.			
Ē	F WIDOW		8/28/74	lost birthdoy)	Manths Doys Hours Min.			
2	10A. USUAL OCCUPATION (Give kind at work 10B. KIND			gn country)	12. CITIZEN OF WHAT COUNTRY?			
	dane during most of warking life, even if retired)		Pa					
aisposition	H W.		H.	4.5				
000	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	A E				
2	THOMAS FITZPATRIC	CK	CATHERINE	SALT	SEIVER			
	15. Was Deceased Ever in U.S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
Bull	No	212-26-9762	JEROME L	11155	ABOVE			
10	18.4124	CAUSE OF DEAT		100	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION DIRECTLY	0-	11 . 1	101	BETWEEN ONSET AND DEATH			
9	LEADING TO DEATH	LAND MEDICAL EN	escloratic C-	V disease	1 20 yrs			
8	(This does not mean the made of dying, e heart failure, asthenia, etc. It means the disea		A CONSEQUENCE OF:					
Ω	injury ar camplication which caused death.)	0 0	٨	1 11	1 ,			
8	ANTECEDENT CAUSES	Blereli	rovascular.	insuffic	rence			
0	DISEASES OR CONDITIONS, if any, giv		A CONSEQUENCE OF:	.00	4			
S	rise to the above cause (A) stating UNDERLYING CONDITION last,	the Cheriph	ral-vascul	winsuff	iciènas			
remains	11			- 66	7			
Ē	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	1G 9/1	a down Dritil	ANTONIA DA	Par Mill			
	TO THE DEATH BUT NOT RELATED TO THE TERMIN  I DISEASE OR CONDITION GIVEN IN PART I (A).	AL TRICCIO	a wind ou	Con Contract	aroug)			
t De	19A. DATE OF OPERATION 19B. CONDITION FO	R WHICH OPERATION	20 A. AUTOPSY? (Yes at No.)	IN CERTIFYING CA	FINDINGS CÓNSIDERED USES OF DEATH?			
	8.1							
betore	. OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i hame, form, factory, street, a	ffice bldg., INJURY OCCUR?	(If In Baltiman	re City, give exact location)			
	DEATH (notity medical examiner)	etc.)						
ained	OF INTERV	21E. INJURY OCCURRED	21F- HOW DID INJU	URY OCCUR?				
=	(APPROX.)	While At Nat While Work At Work		~0	2/4/			
010	22. I certify that (I) (this haspited) attended the deceased from July 9 19 to Jaw, 2019							
0	that (I) (we) last sow the deceased alive of	1 75/1	1011		inian death accurred an the date			
٥	and haur and fram the causes stated above			21 111(111)/	man boarn deconed an ine date			
must be	23A. SIGNATURE	(i) (we) (did) (did nat) (	view the body after death.		23.B. DATE SIGNED			
	1 / L . Oa		ending Med.	Staff Phys.	10/2/10/7/			
0	23C. PHYSICIANS	6E GREE Phy	23D. ADDRESS	Phys. L	Jan. 46/19/1			
approval	23C. PAYSICIAN'S NAME (Type)	AM AIDE	4711 K	1.00	10 - 0 - 12/16			
d d	17011770	10LD VI DEOREE	F106/10	rform 1	RODA IIVIA			
	24A. BURIAL' CREMATION, 24B. DATE 24C	NAME of CEMETERY of CR	EMATORT 24D. LC	OCATION (C	ity, town, or caunty) (State)			
9	BURIAL 1/29/71 25A, DATE REC'D BY HEALTH DEPT. 25B. NAM	SACRED HI		ALTS.	MD.			
written	17 11 13 13 Sactions	AE OF REGISTRAR	25C. FUNERAL DIRECTOR	11	ADDRESS			
3	JAN 20 1971 (65a, 8 2 4 18	ELLES O O	0 0 8/ 6/25	welli 30	O Mace Pero			
11.	VS 150-REV. 1/1/6B	Parine Jan.		0				

arterior classic C-V division 200 Crebnoroscular snewflerence Reighbras Ethicular manffection Infected decedety (witnesselvatio H.V. HARBOLD M.D. 4706 Harfurd Road ST

1	,- m		P-1-4	00	BALTIMORE	CITY HE	ALTH DE	PARTMENT	1	71	004	-
	-523 TH NO.		11	U84	17 CERTIFIC	CATE	OF	DEATH	REG. NO.	1/1	084	
(Тур	AME OF DE	JENK	INS. C	larenc	e Edward			2. DATE A	ND HOUR OF DEA	тн	1 2:55	A
3. P	LACE IN BA	LTIMORE, MAI	MLAND, W	HERE PRON	OUNCED DEAD	4. A.	USUAL R	ESIDENCE (Wh	ere deceosed lived, I	f institution:	residence befor	o odmission
FUL HO:	L NAME OF	(IF NOT	IN HOSPIT	AL OR INST	ITUTION, GIVE STREET	C. C	Mary	rland own	BAL	NSIDE CITY	HMITS?	00
	12V				ion Hospital		Balti	more	ESSEA	YES [		X
~	-	900 Loci altimor				- 11		ND NUMBER	han a t			
5. SI		6. RACE	e Mai	0	21218 NEVER MARRIED		ATE OF	Lister S	9. AGE (In years	I II II ad	a. 1 V. U. U.	Index 24 Ho
M	ale	Whit	е	WIDOWE			/13/8		lost birthdoy	Months	er 1 Yr. II U Doys Hour	nder 24 Hrs Min.
IOA.	USUAL OCC	UPATION (Give	kind of work	108, KIND	OF BUSINESS OR INDU	STRY 11.	BIRTHPLA	CE (State or for	eign country)	12. CI1	IZEN OF WHA	T COUNTE
	Mechani		m u remes;	Auto	(Martins)		Winf	ield, Ma	ryland		USA	
13. F	ATHER'S NA	ME		<u> </u>				'S MAIDEN NA	-			
		Jenkins					Lend	ra Barn	es			4
15. W (Yes,	Vos Deceoses no or unknown	Ever in U. S. Of yes, give	Armed Fore	ces? s of service)	16. SOCIAL SECURITY NO.	VA	HOST	nt lital Re	cords		ADDRESS	
7	Yes	5/17/	18-3/2	6/19	212-03-393				en Blvd.,	Balto.	Md 212	18
ATION	DISEASES ( dise la lh UNDERLYING  OTHER SIGNIF	osthenia, etc. pplication whith ANTECEDENT OR CONDITION E above co G CONDITION II FICANT CONDITION ON DITION GIVEN ONDITION GIVEN OPERATION	CAUSES ONS, il cause (A) N last. IIONS CON	death.)  any, giving stating the stating the stating the stating the stating s	(B)	R AS A CC	ONSEQUE		th infarct		Lung	
ERT	21A ACCIDE	NT WAS IIND			5 BL 4 GF OF INTERNAL		20A-AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES					
10	OR CONTRIBLE	NT WAS UND JTING CAU medicol exom	SE OF	ho	B. PLACE OF INJURY (e me, form, foctory, stree c.)	, office b	oldg., INJ	JRY OCCUR?	(il in Boltin	nore City, gl	ve exocl locotto	n)
기	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F (APPROX.) While At Work						215.	HOW DID IN	IURY OCCUR?			
2	22. I certify	that (1) (this	hospital	ottended	the deceased from	J	anuar	y 7th	19 /1 to Jar	uary 2	5th	19 71
					January 25th			ond th	not in/phyl (aur) a	pinian dea	th occurred	on the dot
c	and have an	d fram the ca	uses state	ed obave.	(1) (Me) (919) (4/4/4/4)	d view	the body	ofter death.	. , , ,			
2	23A. SIGN AT URE					Attending		Med =	51-15 <u> </u>		TE SIGNED	
2	3C. PHYSICIA	we Q		11-11	DEGREE	Phys.		Med. Director	Staff Phys.	1/26	/71	
	NAME (1	DONA	ע מו	HOOKED.	yer	230.7	ADDRESS	3900 Lo	ch Raven Bl	Lvd.,		
24A.	BURIAL CRE			HOOKER	IAME OF CEMETERY OF	CREMAT	ORY	Baltimor	re Marylar	City, town,	8	181-1-1
		MATION, 24B.	1/28/	. 1	lo i de la company	AKHMA1.	-RI				or county!	(Stote)
25A.		BY HEALTH-		25B_NAME	OF REGISTRAR	L_L	SC. FUNI	RAL DIRECTOR	ALTO.	MD.	ADDRESS	
J	AN 28	1971	Sale &	. Jaba	JACA, O		d	of XV	mello	10/3 /1	6 00 /	718
/S 1:	50-REV. 1/1/	68			1.5	6-0	-		11110	-		

(4 ) Mr.  IMPORTAN

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

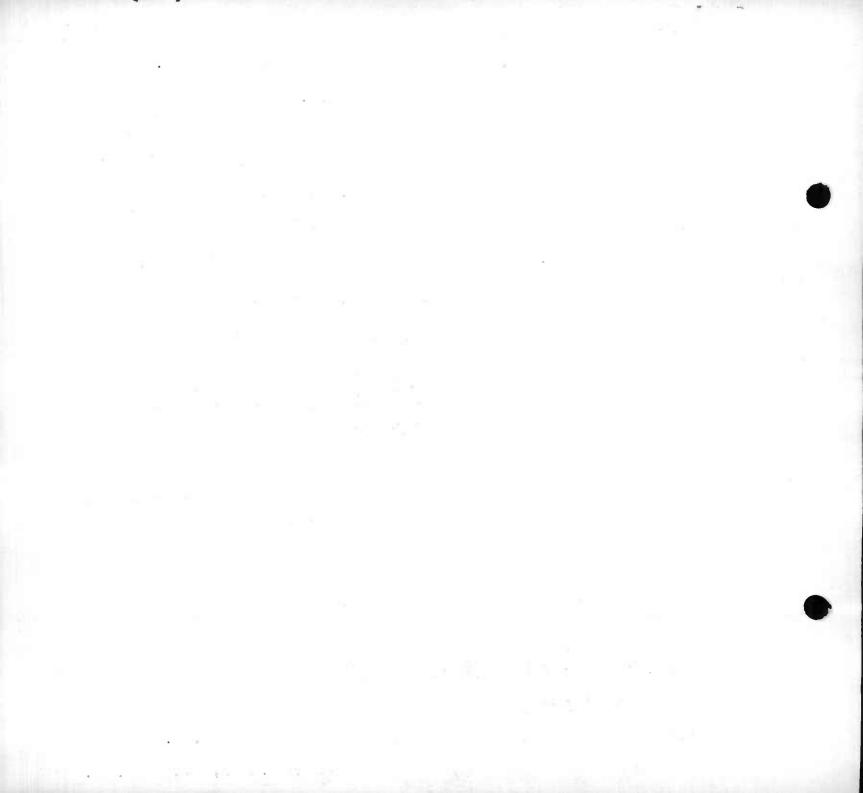


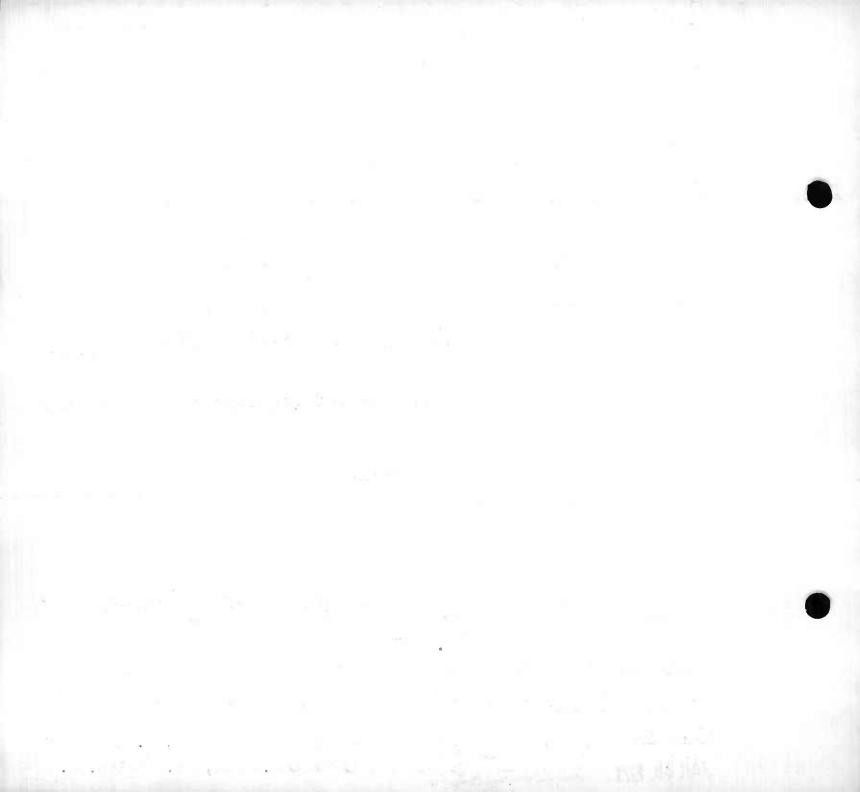
1	11 211	INT O	1849	BALTIMORE CITY		V	1 0049
/	11214			CERTIFICA	TE OF DEATH	REG. NO.	
	TH NO.				DATE AL	ID HOUR OF DEATH	
	pe or Print)		. D.		1/2		7.00 1
	NANCY		MCPH	AIL		/ / /	7-00 A M.
3.	PLACE IN BALTIMORE,	ARYLAND, WH	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (Whe		titution: residence before admission)
HC	OSPITAL OR ADDR	OT IN HOSPITA	L OR INSTITUTION)	TION, GIVE STREET	C. CITY OR TOWN	York	DE CITY LIMITS?
IN	STITUTION				NEW FREE		YES NO X
6	FOOD SAI	MARITA	7-14	HOSPITAL	E. STREET AND NUMBER	2_	
5. 5				NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
104	FV	$\vee$	WID OWED [	DIVORCED	10-17 - 41 11. BIRTHPLACE (Stote or fore	lost birthdoy) 29	Months Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY?
	e during most of working life,		IUB, KIND OF	BOSINESS OK INDOSIKI	II. BIKINFLACE (Store of fore	ign country)	12. CHIZEN OF WHAT COUNTRY!
	Bookkeeper		Real	Estate	Pennsylvani		USA
13.	FATHER'S NAME				14. MOTHER'S MAIDEN NA	ME	
10	GEORGE Was Deceased Ever in U.	E	DUT	TON	BLEVINS	CORA	ADDRESS
(Ye	s, no or unknown) (If yes, gi	ve wor or dotes	of service)	SECURITY NO.	17. INFORMANT		
	No			125343408	R.M.McPhail,	New Freedo	m RD#2, Pa. 17349
	18. 7 11 1	1		CAUSE OF DEATH			APPROXIMATE INTERVAL
	DISEASE OR CO	NDITION DIRE	ECTLY			٥	BEIWEEN ONSET AND DEATH
		TO DEATH		(A) IMMEDIATE CAU	SE I ACHMAR	Situ Dtm 1A	1HOUR.
	(This does not meon			DUE TO, OR AS		1	
	heort foilure, asthenia,			^		^	
	ANTECEDE	NT CAUSES		CONRE	110 m. 1201	DT HICGA	CC
				(B) COLOR OF AS	A CONSEQUENCE OF:	PILITION	30
	rise la the above			00E 10, 011 A0	A CONSEQUENCE OF		
	UNDERLYING CONDIT			(c)			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		II					
NO	OTHER SIGNIFICANT CON	VIDITIONS CON					
ATIC	TO THE DEATH BUT NOT	RELATED TO TH	E TERMINAL				
O	19 A. DATE OF OPERATIO	N 19B. COND	DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE F	INDINGS CONSIDERED
ERTIFIC	2 -	WAS PERFO	DKWED		Yes	IN CERTIFYING CAL	SES OF DEATH?
C	21 A. ACCIDENT WAS U		21 B.	PLACE OF INJURY (e.g.,	or obout 21 C. WHERE DID	(If in Boltimore	City, give exoct location)
AL	OR CONTRIBUTING C		hom etc.)		fice bldg., INJURY OCCUR?	_	
DIC	21 D. TIME (Month)	(Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
MEDI	OF INJURY		Whi	le Al Not Whil			
Ĩ	(APPROX.)		Wor	k At Work			12-
	20 1 11 11 11 11	1	attended th	ne deceased from	1/19	19 7 1 to	1/25 1971
1	22. I certify that (I) (	this hospitol)	direction in				
	that (1) (we) last sow			1/25	19 71 and th	not in (my (our) poir	nian death occurred on the date
	that ( (we) last sow	the deceosed	d olive on			not in (my (our) opin	nian death occurred on the dote
	that ( (we) last sow and hour and fram the	the deceosed	d olive on		19 7 and the lew the bady ofter deoth.	not in (my) (our) opin	
	that ( (we) last sow	the deceosed	d olive on	) (We) (did) (dld not) v	iew the bady ofter death.		23B, DATE SIGNED
	ond hour and fram the	the deceosed	d olive on	We (did) dld not) v	nding Med.	oot in (my) (our) opin	
	ond hour and from the 23A. SIGNATURE 23C. PHYSICIAN'S	the deceosed	d olive on	We (did) dld not) v	iew the bady ofter deoth.	Shoff	23B, DATE SIGNED
	ond hour and fram the	the deceosed	d olive on	We (did) dld not) v	nding Med.	Shoff	23B, DATE SIGNED
24/	ond hour and fram the  23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)	the deceosed	d olive on ed above.(()  M  L  J	O DEGREE PHY	nding Med. Director D	Shoff	1/25/71 N. HOSPITAL
24/	ond hour and fram the 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, REMOVAL (Specify)	the deceosed courses stote	ed above. (I	DEGREE Physical Control of Cemetery of CRIST	nding Med. Director  23D. ADDRESS  MATORY  ADDRESS  24D. L	Shoff Phys.   MARITA  OCATION (Cit	23B. DATE SIGNED  1/25/71  N. HOSPITAL  y, town, or county) (Stote)
	a. BURIAL CREMATION, REMOVAL (Specify)	the deceosed courses store le	d olive on ed above (1)  L M  24C.NA	DEGREE Physical Control of Career Control of Car	nding Med. Director D  23D. ADDRESS  MATORY  EMETERY  St.	SNOH Phys. D  MARITA  OCATION (Cir  EWARTSTOWN,	23B. DATE SIGNED  1/25/71  N. HOSPITAL  y, town, or county) (Stote)  York Co., Penna.
	ond hour and fram the 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMATION, REMOVAL (Specify)	the deceosed courses store le	d olive on ed above.(II	DEGREE Physical Control of Cemetery of CRIST	nding Med. Director  23D. ADDRESS  MATORY  ADDRESS  24D. L	Shoff Phys.   Phys.   ARITA  OCATION (Cit  EWARTSTOWN,	23B. DATE SIGNED  1/25/71  N. HOSPITAL  y, town, or county) (Stote)  YORK Co., Penna.  ADDRESS
	a. BURIAL CREMATION, REMOVAL (Specify)	the deceosed courses store le	d olive on ed above.(II	DEGREE Physical Control of Career Control of Car	nding Med. Director D  23D. ADDRESS  MATORY  EMETERY  St.	Shoff Phys.   Phys.   ARITA  OCATION (Cit  EWARTSTOWN,	23B. DATE SIGNED  1/25/71  N. HOSPITAL  y, town, or county) (Stote)  York Co., Penna.

M-2 BIRTH NO.		0850		HEALTH DEPARTMEN		71 0850
1. NAME OF DE		MCGR	EAL	2. DAT	AND HOUR OF DEATH	950
3. PLACE IN B	ALTIMORE, MARYLAND, V			4. USUAL RESIDENCE	Where deceased lived. II i	nstitution: residence before admission
FULL NAME O HOSPITAL OR INSTITUTION	F OF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITUTION	ON, GIVE STREET		ALTHERE	806
SINAL	HOSPITAL &	F BALT	MORE	BALTIMO	35	YES P NO T
42				E. STREET AND NUMBER	R 1612 N. Washi	ngton St.
5. SEX	6. RACE	7. MARRIED WIDOWED W	NEVER MARRIED DIVORCED	4/29 A 91	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hr. Months Doys Hours Min.
done during most o	CUPATION (Give kind of world working life, even if refired)  Machine Opera			11. BIRTHPLACE (State or	loreign country)	12. CITIZEN OF WHAT COUNTR
3. FATHER'S N.		rorbugi	e Laundry	Mass.		USA
	Daniel	J. Minneh	an	THE THE PERSON OF THE PERSON O	Eva B	atz
5. Was Deceose Yes, no or unknow No	d Ever in U. S. Armed For (n) (If yes, give wor or dote	s of service)	SOCIAL SECURITY NO.	17. INFORMANT	(offree) 3001 F	ADDRESS Chodale Avenue
OTHER SIGNI	e abave cause IA) G CONDITION last.        FICANT CONDITIONS COI TH BUT NOT RELATED TO TH	NTRIBUTING HE TERMINAL	(c)	ES ESSENTIA	L HYPERTEN	sion Year
	F OPERATION 198 CON	DITION FOR WHI	CH OPERATION	20A. AUTOPSY? (Yes of	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTENTS	NT WAS UNDERLYING UTING CAUSE OF	21 B. PLA home, fo	CE OF INJURY (e.g., in orm, foctory, street, offi	or obout 21 C. WHERE DIE	Q (If In Baltimor	e City, give exact location)
DEATH Inolify  21D.TIME OF INJURY IAPPROX.)	(Manth) (Day) (Year)	(Hour) 21E INJ While A Work	URY OCCURRED  Not While At Work		INJURY OCCUR?	
22. I certify that (I) (we	that (1) (this haspital)	Lattended the d	eceased fram	<b>A</b> O (	_19_7/_ta	1-26-19 71
	d fram the causes state			mental a consideration of the	that in (my) <u>tour)</u> opli	nion death occurred an the dat
	but Man	me M	Atten-		Staff Phys.	23B. DATE SIGNED -1/26/71.
PALBER	T L. MENN	ER M	.D. DEGREE	D. ADDRESS	inai Hospital	-
AA. BURIAL CRE REMOVAL ( Burial	MATION, 248 DATE (Specify) 1/29/7	1	of CEMETERY of CREA			y, town, or county! (State)
		25B. NAME OF RE		25C. FUNERAL DIRECT	O.R	ity, New York  Address  lto. Md. 21214



T-46	0 71	085	BALTIMORE CIT	Y HEALTH DEPARTMENT	REG. NO	ru 00m#
BIRTH NO.	CEASED		CERTIFICA			1 2 0003
(Type or Print)	CHARLE	S D.	TAYLOR		and hour of death	
3. PLACE IN BA	LTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	4. USUAL RESIDENCE IN	here deceased lived. It	institution: residence before admissio
FULL NAME OF	F (IF NOT IN HOSPI ADDRESS OR LOC	AL OR INSTIT	UTION, GIVE STREET	A. STATE Md. B. CO	D. IN	SIDE CITY LIMITS?
00	3302 Echodal	e Avenu	е	Baltime E. STREET AND NUMBER		YES NO
5. SEX	6. RACE	7				
Male	White	WIDOWED		8. DATE OF BIRTH Feb. 17, 1922		If Under 1 Yr. If Under 24 Hr. Manths Doys Hours Min.
done during most a	CUPATION (Give kind of world f working life, even if retired) Worked	108, KIND OF	F BUSINESS OR INDUSTR	Maryland	oreign country)	USA
3. FATHER'S NA	James W.	Taylo	r	14. MOTHER'S MAIDEN N		a C. Byrnes
5. Was Decesse Yes, no or unknow No	d Ever in U. S. Armed For n) (If yes, give wor or date	ces? s of service)	SECURITY NO. None	Mrs. Theresa	C. Taylor	ADDRESS (Same)
DISEASES  ise to the UNDERLYIN  OTHER SIGNI TO THE DEAL OF THE DEA	nat meen the mode of asthenia, etc. It means implication which caused ANTECEDENT CAUSES OR CONDITIONS, if eabove couse (A) G CONDITION last.  Il  FICANT CONDITIONS COLOR OF THE BUT NOT RELATED TO THE CONDITION FAR	the disease, death.) ony, giving slating the NIRIBUTING HE TERMINAL 1 1 (A)	(B) OF AT DUE TO, OR AS (C).	A CONSEQUENCE OF:	ner ta	Bed Birth
19A-DATE OF	P OPERATION 198 CON WAS PERI	DITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examined	21B. homelcJ	e, torm, lociory, street, o	n at about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Baltima	re City, give exact location)
OF INJURY	[Month! (Day) (Year)		INJURY OCCURRED  le Al  Nol While	21F. HOW DID II	NJURY OCCUR?	
	that (I) (t <del>his haspital</del> ) last sow the decease		a	950 	19ta	25-7/19 Infon death occurred on the dat
ond haur an	d from the causes stat	ed obove. (1)	(We) (did) ( <del>did no</del> t)	iew the body after death	•	23B, DATE SIGNED
23C. PHYSICIA	M. Tea	per !	DEGREE Phy		Staff Phys.	1-25-71
NAME (	M. PEA	KE	DEGREE		Harford Ros	ad
REMOVAL BURIAL CRE		/	oly Redeemen		Balto.Md.	ity, town, or county) (State)
JAN 28	1971 Pobes	25B. NAME O	9 9 7 1 1	Lebnard J	k	ADDRESS Balto. Md. 21214
150-REV. 1/1/						





BI	) -650 RIH NO.		MED	ICAI	. EX	AMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	/1	0853
	NAME OF DEC	EASED					2. DATE	Known 🔼	Month	Day	Year	Hour
(1A	pe or Print)		Robert		Brown	n	DEATH	Estimoted				м.
4.	PLACE IN BAL	IMORE, M	ARYLAND, W	HERE P	RONOL	NCED DEAD	3. DATE		Manth	Day	Yeor	Haur M.
HO	LL NAME OF SPITAL INSTITUTION	(IF NO	ESS OR LOCA	L OR INS	TITUTIO	N, GIVE STREET		SIDENCE (Where	1	22	71	10:20 p <sub>M</sub>
	35		rch Hom	e an	d Ho	spital	A. STATE	ryland	dece dised in	B. COUNTY	1/6	) /
6.	SEX	7. RACE		B. MARE	RIED 🗌	NEVER MARRIED	C. CITY OR	TOWN		D. INSIDE CI	TY LIMITS?	
	male	white	e	WIDOV	VED 🗌	DIVORCED	Ba1	timore		Y	Es 🗌	NO 🗆
9.	DATE OF BIRTH	1	10. AGE (in		If Unde	er I Yr. li Under 24 Hrs. Doys   Haurs   Min.	E. STREET A	ND NUMBER				
1	pril 26,	1937	Tost bit moot	33	Monnis	l l l l	12	26 N. Cal	vert S	St.		
11.	BIRTHPLACE (S	tote or forei	gn country)		12. CIT	IZEN OF	13. FATHER					
	Virginia	9			USX	IAT COUNTRY?	Char	lie Brown				
14A	USUAL OCCUI	PATION (Gi	ve kind of work	48. KINE	OF BU	SINESS OR INDUSTR	15. MOTHER	S MAIDEN NAM	ME			
S	heet Met	al Wo:	rker				Nina	Bryant				
16.	WAS DECEASE	D EVER IN	U.S. ARMED	FORCE		7. SOCIAL	IB. INFORM			Al	DDRESS	
(Te	Yes	(II yes, give	orean	of service	2	30-40-6082	Mrs Ix	ene Barre	tt. Si	oringfie	ald. Va	1.
	19.	y.				CAUSE OF DEA				32.23	AP	PROXIMATE INTERVAL
	Discour	0/1	OFICAL BIRE								BETW	TEN ONSET AND DEATH
		EADING TO	DITION DIRECT	LILY			Cmal	and son	+ inha	lation		
	(This daes no	t mean the	made of dyl	ng, e.g.,		(A)IMMEDIATE (	ANSE SINO P	te and soo			1	
	heart lailure,	asthenia, et	c. it means the ich coused deo	discose,				inc	laent	to conf	Lagrat	lon
		TECEDENT				(B)	AS A CONSEC					
	RISE TO THE	ABOVE CA	IONS, IF ANY	ING THE		DUE 10, OK	AS A CONSEC	UENCE OF:				
z	UNDERLYIN	G CONDI	ION LAST.			(c)						
은			II									•
CERTIFICATION	OTHER SIGNI	FICANT CO	NDITIONS CO	NTRIBU	TING	Fati	tv alter	ation of	liver			
E	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A)		***************************************						
ER	20A. DATE OF	OPERATIO	N 208. CON	NOITIDI	FOR W	HICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
O	2											
X		AL CAUSE			228. PL/	CE OF INJURY (e.g.,	in ar obout 22	C. WHERE DID (	II In Boltimor	e Cily, give exo	ct location)	.5
EDIC	UNDERLYING UTING CAL			100	nome, to	ACE OF INJURY (e.g., orm, lactory, street, office vacant house	e bidg., eic.)	00 S. Dal	las St			
Σ	22D. TIME (		Doy) (Yeor			INJURY OCCURRED	22	F. HOW DID IN				
	OF INJURY (APPROX.)	L 22	71	?	WHI	LEAT NOT	WHILE X	housefire				
-	23.				m. WO	KK LJ AIW	ORK					
	1 certi	fy that I h	eld on Ir	quiry [		nspection Au	tapsy 🕅	and that an th	is basis,	death in my	apinian	
	result	ed from: N	Natural caus	.es 🗆	Acc	ident Suicid						
		1	) 10	1	1	1		HIEF MEDICAL E		The manner 42		
	ACTUAL	1/	ed	11	he	11		TANT MEDICAL E				DATE SIGNED
	SIGNATU		9:1	1		M.D	•					
	EXAMINE NAME (T)		onald N	Vo	rnh1	11970	ASSO	CIATE MEDICAL E	XAMINER		1/2	3/71
24,	A. BURIAL CREM	ATION,	24B. DATE	· KO.		NAME of CEMETERY	ar CREMATO	RY 24D, I	LOCATION	(City, lown	, or county)	
	MOVAL (Specily	()	7/26/2	1	0	manage Wald	m-7 C-					, , , , ,
-	burial	V HEALTH	1/26/7	1252 1		Lpeper Natio						
23	A. DATE REC'D	HIJASH TO	0.	1 -		FREGISTRAR	25C. F	UNERAL DIRECTO	Rolling	(W) DD	DDRESS	
	JAN 28	SIL	( Bobail )	- A	Bear	46.2.	Dem	aine Fune	ral Ho	me, Ale	xandri	a, Va.
VC	151-REV. 7/1/68			5-2 100		4 1		43 11				

. 4 7 12 % . 5 20 , 1 37 e breken til ner of ten To the state of the state of ta : ni 23 - - 22 re ren errot, see er , ULO.EO 1/i/1 all return to the transfer of the

in the collection.

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1	H-6/0 MEDICAL EXAMINER'S	EALTH DEPARTMENT CERTIFICATE OF DEATH REG. NO	71 0854
	TH NO.		
	NAME OF DECEASED	2. DATE Known XX Month Day	Year Hnur
(1)	Constance Habey / HAYUEY	DEATH Estimoted 1 25	71 3:45 a <sub>M</sub>
4.	PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy	Yeor Hour
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 1 25	71 3:45 a. M.
	University Hospital	5. USUAL RESIDENCE (Where deceased lived, if institution A. STATE B. COUNTY	residence before admission)
6.	EX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CI	TY LIMITS?
	- I I I		√87 □
	emale Negro WIDOWED DIVORCED		ES No 🗆
5	DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hr. Months, Days, Hours, Min		
11.	BIRTHPLACE (State or foreign country) 12, CITIZEN OF	13. FATHER'S NAME	
	Profile what gountry?	1 Af 120	
	rulanic mu MAH	Millia Journal	· k
	USUAL OCCUPATION (Give kind of work 148. KIND OF BUSINESS OR INDUST during most of working lile, pygn Il retired)	RY 13. MOTHER'S MAIDEN NAME	CH CH
	Domiste March	Kelly 11 Markell	
16.	WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL	I B-INFORMANT A	PDRESS
(Ye	, no or unknown) (II yes, give wor or dojes of service) SECURITY NO.	1/10: 12.	0
_	10 2-16-32-68	9 Julylua Istines So	ur-
	CAUSE OF DE	ATH /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Gunshot wound of head	
	(A)IMMEDIATE	CAUSE AS A CONSEQUENCE OF:	
	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST	R AS A CONSEQUENCE OF:	
2	(c)		
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
7	20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION V	VAS PERFORMED	21. AUTOPSY? (Yes or No)
Ö	1		44 43
1	22A. EXTERNAL CAUSE WAS 22B PLACE OF INTURVIOL		yes (head)
EDIC		., In or obout 22C, WHERE DID (If In Boltimore City, give exacted bidg., etc.) INJURY OCCUR?	2142
Σ	22D. TIME (Month) (Doy) (Yeor) (Hour) 22E. INJURY OCCURRED (APPROX.) 1 23 71 2:30 WHILE AT NO.	22F. HOW DID INJURY OCCUR? Subject was shot by bo	wfriend.
	(APPROX.) 1 23 /1 D m. WORK AT	work head)	,
	I certify that I held an Inquiry I Inspection A	utopsy XX and that on this basis, death in my	opinlon
	resulted from: Natural Lauses Accident Suic	ide Homicide XX. Undetermined manner	
	7 10001010	CHIEF MEDICAL EXAMINER	
	ACTUAL X & MUCH	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE EXAMINER'S Peter Lipkovic, M.D.	ASSOCIATE MEDICAL EXAMINER	1/25/71
	NAME (Type)  BURIAL CREMATION, 248, DATE 24C, NAME of CEMETER	Y or CREMATORY 24D, LOCATION (City, town	, or county) (State)
RE	MOVAL (Specify)	1 1 1 1	
1/2	2. 1 1 2. 01 1 1/1	/h/ /h/	o mor
15	surial 1-30-71 Int Cuto	un Oil Bult	" Met
25	JAN 28 THE CLASS & CANAME OF REGISTRAR	25C, FUNERAL DIRECTOR AND	DDRESS The be

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5-6-76 94

/ 4 //\	EALTH DEPARTMENT
MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO. 71 0857.
BIRTH NO.	REG. NO.
1. NAME OF DECEASED (Type or Print)  LEROY GAINES	2. DATE Knawn Month Day Year Hour OF DEATH Estimated Manual Manua
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day Year Haur
FULL NAME OF THE NOTIN HOSPITAL OR INSTITUTION, ON ESTIMATE DESCRIPTION OF INSTITUTION	PRONOUNCED DEAD 1 26 1971 2 p
38 University Hospital	S. USUAL RESIDENCE (Where deceased lived. # Institution: residence before admission) A. STATE  Md.
6. SEX 7. RACE B. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
male negro WIDOWED DIVORCED	Balto. YES NO
9. DATE OR BIRTH 10.AGE (In years If Under 1 Yr. If Under 24 Hrs Manihs, Doys, Hours, Min.	. IE. STREET AND NUMBER
5118/1904 66	608 N. Payson St.
11. BIN HPLACE State or loreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
14A. USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTR dane during most of working life, even il retired)	YY 15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES?   17. SOCIAL	I.S. INFORMANT ADDRESS
(Yes, no or unknown) (II yes, give war or dates of service) SECURITY NO.	18. INFORMANT ADDRESS
19. CAUSE OF DE	
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEATH
	CAUSE Subdural hematoma
(This does not mean the made of dying, e.g., heart lailure, osthenia, eic. It meons the disease,	AS A CONSEQUENCE OF:
injury ar camplication which coused death.)	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR RISE TO THE ABOVE CAUSE (A) STATING THE	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST.	
Cinnh	csis of liver
TO THE DEATH BUT NOT RELATED TO THE TERMINAL - FRANCE	metamorphosis of liver
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W	
5 7	yes
ZZA. EXTERNAL CAUSE WAS   228. PLACE OF INJURY(0.g.	in ar about 22C, WHERE DID (II in Baltimare City, give exact location)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB.  UTING CAUSE OF DEATH.  22B. PLACE OF INJURY (e.g., blome, lorm, foctacy, street, affile)  Lord Control of the control of th	consolidated Construction Co.
22D. TIME (Manth) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED	22F. HOW DID INJURY OCCUR?
(APPROX.) 1-3-71 ? m. WHILE AT AT NO.	WORK Subject fell.
23. I certify that I held on Inquiry Inspection A	ond that on this basis, death in my opinion
resulted from: Notyrel couses Accident Suici	de Homicide Undetermined monner C
ACTUAL / / ////	ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
SIGNATURE MAN MILE EXAMINER'S	
NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER   1-27-71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	or CREMATORY 24D. LOCATION (City, town, or county) (State)
Burnd 1/30/71 ( Dever 1	leminual Khananel Marulase
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
JAN 28 1971 ( Bole & Je Bas 144 )	Some it daniel 1912 W. Worth Are
VS 151-REV. 1/1/68	The Control of the Co

IMPORTANT

DIRECTOR:

FUNERAL

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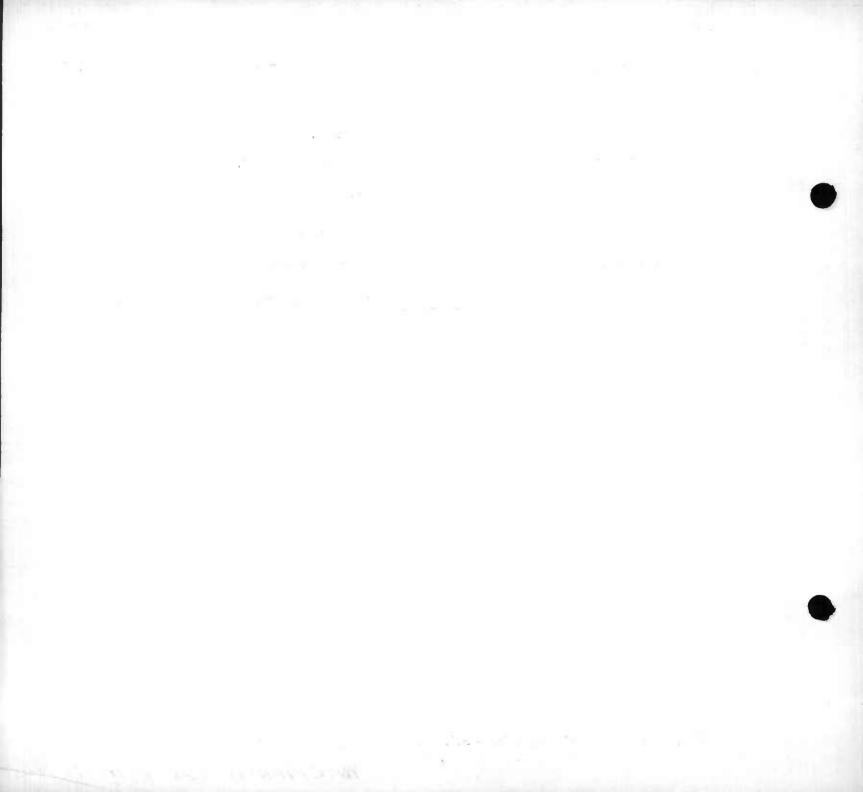
Second 1/29/11 William Circ Lyche. 71.0.

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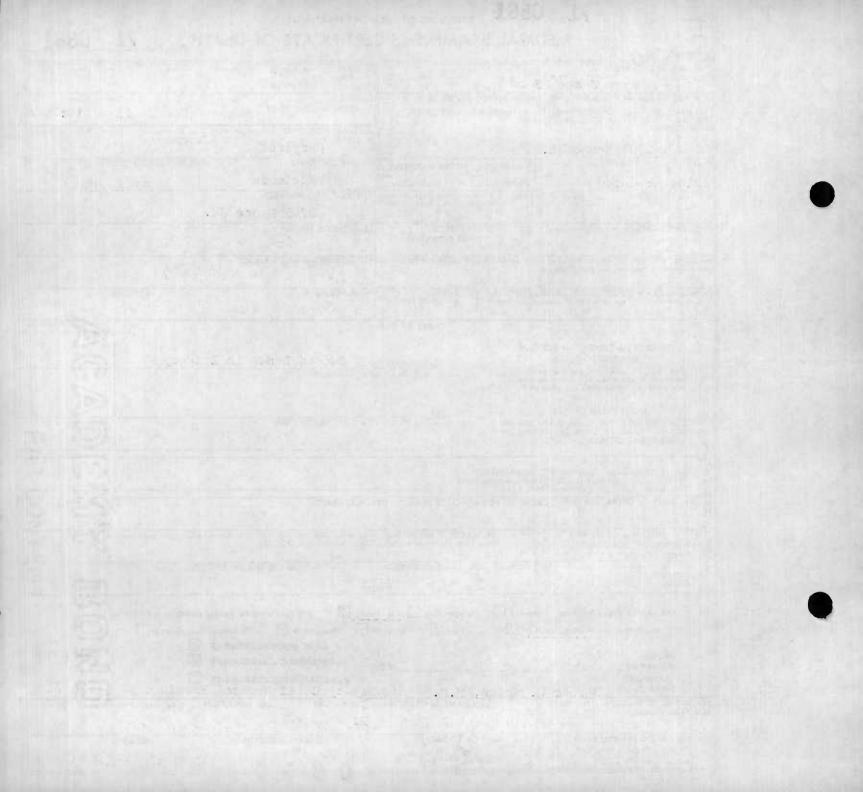
2004 Kennedy Ave

MALE DIMENT PLANET - 1045

1-00	MORE CITY HEALTH DEPARTMENT TIFICATE OF DEATH  REG. NO. 71 0860
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
Harry Lee	1-26-71 8:15 A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, It institution; residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE S ADDRESS OR LOCATION)	1 - 1 - 1
B	Balto. YES X NO
90	E. STREET AND NUMBER
Bolton Hill Nursing & Convalescent C	Center 2620 Shirley Ave.
5. SEX 6. RACE 7. MARRIED NEVER MA	
Male Negro WIDOWED X DIVO	ORCED 1-12-1888 Idst birthdoy) 82 Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR done during most of working life, even if retired)	R INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
The same man at working the, even it reflied)	Manyel and
13. FATHER'S NAME	Maryland USA
UNKNESVEN	
	UNKNOWN
15. Was Deceased Ever in U. S. Armed Farces? (Yos, no or unknown) (If yes, give war or doles of service)  SECURITY	
220-01-	9670 ELLA SMITH 2620 Shirley Are
	OF DEATH   APROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	BETWEEN ONSET AND DEAT
LEADING TO DEATH	MEDIATE CAUSE / Muserum, Wallum Inday
	E TO, OR AS A CONSEQUENCE OF:
injury at complication which caused death.	Comment of the land 2 will
ANTECEDENT CAUSES	cresh from minune 200 mis
DISEASES OR CONDITIONS, il ony, giving	E TO, OR AS A CONSEQUENCE OF:
	A. Collabore
UNDERLYING CONDITION last. (C)	
2	- P. B. A. 3
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Tehron on hum Direcci
▼ IDISEASE OR CONDITION GIVEN IN PART 1 (A).	
19A DATE OF OPERATION 19B CONDITION FOR WHICH OPERAT	ATION 20A-AUTOPSY2 (Yes or No.) 20B, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
es l	700
The same of the sa	IJURY (e.g., in or about 21 C. WHERE DID (If in Baltimore City, give exact location)  y, street, office bidg., INJURY OCCUR?
21D.TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCC	
₹ (APPROX) While At	Not While
Work L	AT WORK
22. I certify that (1) (this hospital) attended the deceased	from 17 7 19 70 to 1/76 19 7/
that (1) (we) lost saw the deceased alive on	9 19 7/ ond that In(my) (our) apinion death occurred on the dat
and hour and fram the causes stated abave. (1) (We) (did) (	
23A. SIGNATURE	23B, DATE SIGNED
Arine S. Palmer	Attending Med. Staff -
23C.PHYSICIAN'S	DEGREE Phys. Director Phys. 23D. ADDRESS
23C. PHYSICIAN'S NAME (Typel So SEAH S, 1360	THE LITTLE A P. O. ST
	MIDEGREE /// M Calber
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET	TERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
Burnel 1-29-71 MA.Colva.	us den Anne Avunde lots Md.
25A. DATE REC'D BETTE BETT 25B. NAME OF REGISTRAR	25C FILINGRAL DIRECTOR
JAN 28 1071 20 0 200 200 201 40	On MARCH 928 ENGITE HA
VC 150-PEV 1/1/4P	101/10/10 108 Ellalla

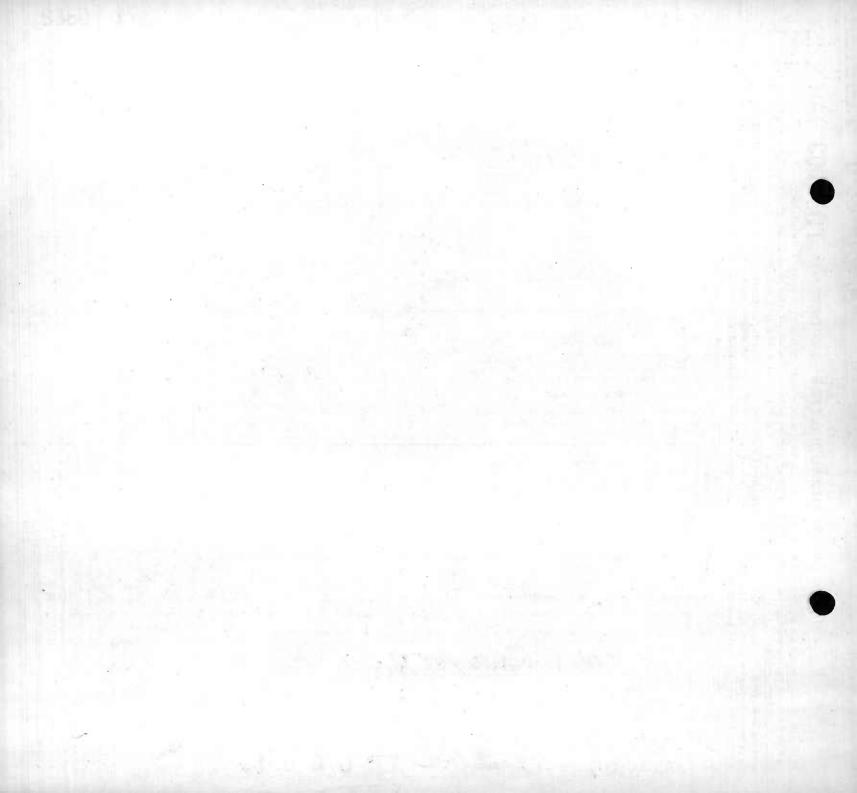


MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11 10861
# 1630 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. 71 0861
I. NAME OF DECEASED   2. DATE Known 1 Month Day Year Hour OF DEATH Estimated
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  3. DATE  Month  Doy  Year  Hour  FULL NAME OF  (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET  PRONOUNCED DEAD  1 26 71 10:20 a
HOSPITAL ADDRESS OR LOCATION)  OR INSTITUTION  S. USUAL RESIDENCE (Where deceased lived, If institution; residence before odmission)  A. STATE  B. COUNTY
2703 Boone St. Maryland
8. MARRIED   NEVER MARRIED   C. CITY OR TOWN   D. INSIDE CITY LIMITS?   No   Nature   No   No   No   No   No   No   No   N
9. DATE OF BIRTH 10. AGE (In years lost birthdoy) If Under 14 Hrs. E. STREET AND NUMBER Months, Days, Hours, Min. 3 1 2703 Boone St.
11. BIRTHPLACE (Stote or loreign country)  12. CITIZEN OF WHAT COUNTRY?  13. FATHER'S NAME  MARLO BELLAMY
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME DORIEE M. FORD
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no arunknawn) (If yes, give war or dates of service)  17. SOCIAL SECURITY NO.  18. INFORMANT  DORIEE FORD 2703 BOOME ST
19. CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the made of dying, e.g., heart foilure, osthenia, etc. it means the disease, injury or complication which caused death.)  ANTECEDENT CAUSES  (A) IMMEDIATE CAUSE Sudden Death in Infancy  DUE TO, OR AS A CONSEQUENCE OF:
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No)
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No)  yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- Home, form, foctory, street, office bldg., etc.) UTING CAUSE OF DEATH.
22D. TIME (Manih) (Day) (Year) (Hour) 22E. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK
23.  I certify that I held an Inquiry Inspection Autapsy and that on this basis, death in my opinion
resulted from: Natural causes Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 1/26/71
ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER Deputy Chief Medical Examiner 1/26/71    24A. BURIAL CREMATION,   24B. DATE   24C. NAME of CEMETERY or CREMATORY   24D. LOCATION (City, town, or county) (Stote)
ACTUAL SIGNATURE  EXAMINER'S  NAME (Type) Werner II. Spatz, M.D. Deputy Chief Medical Examiner    24A, BURIAL CREMATION,   24B, DATE   24C, NAME of CEMETERY or CREMATORY   24D, LOCATION (City, town or county) (Stote)



FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
6.	This certificat the body was shows: (1) An was D.O.A. at deceased pric written appro

				BALTIMORE CITY			1-7	0000
_	7 -55 ()	71	0862	CERTIFICA	TE OF DEATH	REG. NO	/1	0862
	pe or Print)	enne7	T, A	manda		24-7/		10 p
3.	PLACE IN BALTIM	ORE, MARYLAND, V	VHERE PRONOU	NCED DEAD	4. USUAL RESIDENCE (Wher	e deceased lived. Il in TY	stitution: reside	nce before admission
	LL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITU	TION, GIVE STREET	md.		2	788
IN!	STITUTION	ADDRESS OR LOC		John.	C. CITY OR TOWN	D. INSI	VES X	NO 🗆
1	my. D.	mai!	ursis	9 140,00	E. STREET AND NUMBER		TES LA	NOL
U,	4613	failt	ughts	ane.	5339 Cul	therth (	ive.	
5. 5	SEX 6. 1	PACE ROI	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Y Months Doy	r. If Under 24 H s Hours Min.
104	F	Dick	WIDOWED	-	11. BtRTHPLACE (Stote or forei	10	IN CIPIERNI	05 1111 2 50111
		ing life, even if retired)	KIND OF	POSINESS OK INDOSIKI	S,C,	gn country)	12. CITIZEN	OF WHAT COUNT
13.	FATHER'S NAME			FILM SHOW	14. MOTHER'S MAIDEN NAM	AE		
	WARREI	Y JOHN	SON		CYNDA			
15. (Ye:	Wos Deceased Eve s, no or unknown) (if	r in U. S. Armed Fo yes, give wor or dot	es of service)	16. SOCIAL SECURITY NO.	17. INFORMANT			DRESS BRZY
					VIOLA JAMA	ES 2058	8 UNIC	N 5+ 1
	18. 4	defe		CAUSE OF DEAT	H 10	2		PROXIMATE INTERVA
		OR CONDITION DI		COV	- A Willet	Purina-0		
		mean the made of		(A) IMMEDIATE CAL	A CONSEQUENCE OF	mipur	70	
	heart failure, ast	henia, elc. Il means	s the disease,	1000	LONSEGUENCE OF	1-4/ X1	Res	
		calian which caused		Wyc	a source	C 0010	-	
		ECEDENT CAUSES		(B)		.4		
		CONDITIONS, if above cause (A)	, , ,	DUE TO, OR AS	A CONSEQUENCE OF:			
	UNDERLYING C			(C)				
		11						
7		11						
TION		NT CONDITIONS CO UT NOT RELATED TO		THE STATE				
CATI	TO THE DEATH B		THE TERMINAL RT 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE	FINDINGS COI	NSIDERED
RTIFICATION	TO THE DEATH B	UT NOT RELATED TO DITION GIVEN IN PA ERATION 198. CON	THE TERMINAL RT 1 (A).	HICH OPERATION	20A. AUTOPSY? (Yes or No	) 20B. IF YES, WERE I	FINDINGS COL	NSIDERED IH?
AL CERTIFICATI	TO THE DEATH B DISEASE OR CONI 19A. DATE OF OP	UT NOT RELATED TO DITION GIVEN IN PA ERATION 19B. COI WAS PER WAS UNDERLYING [ IG CAUSE OF	THE TERMINAL RT 1 (A). NDITION FOR W RFORMED	PLACE OF INJURY (e.g.,	in ar obout 21C. WHERE DID	IN CERTIFYING CA	FINDINGS COI JSES OF DEAT	TH?
EDICAL CERTIFICATI	TO THE DEATH B DISEASE OR CONI 19A. DATE OF OP  21A. ACCIDENT OR CONTRIBUTIN DEATH (notily me  21D. TIME (M	UT NOT RELATED TO DITION GIVEN IN PA ERATION 19B. COI WAS PER WAS UNDERLYING [ IG CAUSE OF	THE TERMINAL RT 1 (A). NOTITION FOR W RFORMED  218. home etc.)	PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimor	JSES OF DEAT	TH?
AL CERTIFICATI	TO THE DEATH B DISEASE OR CONI 19A. DATE OF OP  21A. ACCIDENT OR CONTRIBUTIN DEATH (notily me	UT NOT RELATED TO DITION GIVEN IN PA FERATION 19B. COT WAS PEF WAS UNDERLYING IG CAUSE OF dicol exominer)	THE TERMINAL RT 1 (A). NODITION FOR W RFORMED  218. home etc.,)	PLACE OF INJURY (e.g., com, foctory, street, o	in or obout 21 C, WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	JSES OF DEAT	TH?
EDICAL CERTIFICATI	TO THE DEATH B DISEASE OR CONITY A. DATE OF OP OR CONTRIBUTIN DEATH (notify me 21D. TIME (MOF INJURY (APPROX.)	UT NOT RELATED TO DITION GIVEN IN PA  ERATION 198. COD  WAS PER  WAS UNDERLYING [ IG CAUSE OF  dicol exominer)  Annih) (Doy) (Yeor)	IHE TERMINAL RI 1 (A). NDITION FOR W RFORMED  218. home etc.)  (Hour) 21E. Whil	PLACE OF INJURY (e.g., form, foctory, street, o	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	JSES OF DEAT	TH?
EDICAL CERTIFICATI	TO THE DEATH B DISEASE OR CONI 19A. DATE OF OP  21A. ACCIDENT OR CONTRIBUTION DEATH (notily me 21D. TIME (M OF INJURY (APPROX.)  22. 1 certify tha	UT NOT RELATED TO DITION GIVEN IN PA  FERATION 19.B. COD  WAS PER  WAS UNDERLYING  GO CAUSE OF  dicol exominer)  Annih) (Doy) (Year)	THE TERMINAL RT 1 (A). NOTITION FOR W RFORMED  21B. hometc.) (Hour) 21E. Whill Worl	PLACE OF INJURY (e.g., form, foctory, street, o	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	JSES OF DEAT	iti?
EDICAL CERTIFICATI	TO THE DEATH B DISEASE OR CONI 19A. DATE OF OP  21A. A CCIDENT TO OR CONTRIBUTION DEATH (notily me  21D. TIME OF INJURY (APPROX.)  22. 1 certify that that (1) (we) Jas	UT NOT RELATED TO DITION GIVEN IN PA  FERATION 19.B. CO  WAS PER  WAS UNDERLYING [ GO CAUSE OF dicol exominer)  Nonth) (Day) (Year)	THE TERMINAL RT 1 (A).  NDITION FOR WARFORMED  21B. hometc.)  (Hour) 21E. Whill World  attended the	PLACE OF INJURY (e.g., of form, foctory, street, of injury occurred to the foctory of the foctor	21F. HOW DID INJ	(If in Boltimor	JSES OF DEAT	iti?
EDICAL CERTIFICATI	IO THE DEATH B DISEASE OR CONI 19A.DATE OF OP  21A.ACCIDENT OR CONTRIBUTIN DEATH (notily me  21D.TIME OF INJURY (APPROX.)  22. I certify that that (I) (we) las	UT NOT RELATED TO DITION GIVEN IN PA  FERATION 19.B. CO  WAS PER  WAS UNDERLYING [ GO CAUSE OF dicol exominer)  Nonth) (Day) (Year)	THE TERMINAL RT 1 (A).  NDITION FOR WARFORMED  21B. hometc.)  (Hour) 21E. Whill World  attended the	PLACE OF INJURY (e.g., of form, foctory, street, of injury occurred to the foctory of the foctor	in or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimor	JSES OF DEAT	oct lacotian)  192  ccurred an the d
EDICAL CERTIFICATI	TO THE DEATH B DISEASE OR CONI 19A. DATE OF OP  21A. A CCIDENT TO OR CONTRIBUTION DEATH (notily me  21D. TIME OF INJURY (APPROX.)  22. 1 certify that that (1) (we) Jas	UT NOT RELATED TO DITION GIVEN IN PA  FERATION 19.B. CO  WAS PER  WAS UNDERLYING [ GO CAUSE OF dicol exominer)  Nonth) (Day) (Year)	THE TERMINAL RT 1 (A).  NDITION FOR WARFORMED  21B. hometc.)  (Hour) 21E. Whill World  attended the	PLACE OF INJURY (e.g., of form, foctory, street, of the form)  INJURY OCCURED  At Work  e deceosed fram  (We) (did) (did nat)	21F. HOW DID INJ	(If in Boltimor URY OCCUR?  19 10 10 10 api	JSES OF DEAT	oct lacotian)  19  ccurred an the d
EDICAL CERTIFICATI	TO THE DEATH B DISEASE OR CONI 19A. DATE OF OP  21A. ACCIDENT OR CONTRIBUTIN DEATH (notily me 21D. TIME (M OF INJURY (APPROX.)  22. 1 certify that that (1) (we) las and hour and free 23A. SIGNATURE	UT NOT RELATED TO DITION GIVEN IN PA  ERATION 198. COI WAS PER  WAS UNDERLYING [ IG CAUSE OF dicol exominer)  In (1) (this haspital as year of the couses stop on the couses stop of the couse st	THE TERMINAL RT 1 (A).  NDITION FOR WARFORMED  21B. hometc.)  (Hour) 21E. Whill World  attended the	PLACE OF INJURY (e.g., form, foctory, street, o	21F. HOW DID INJ	(If in Boltimor URY OCCUR?  19 7 to 10 april 10 (my) (our) april	JSES OF DEAT	oct lacotian)  19  ccurred an the d
EDICAL CERTIFICATI	IO THE DEATH B DISEASE OR CONI 19A.DATE OF OP  21A.ACCIDENT OR CONTRIBUTIN DEATH (notily me  21D.TIME OF INJURY (APPROX.)  22. I certify that that (I) (we) las	UT NOT RELATED TO DITION GIVEN IN PA  ERATION 198. COI WAS PER  WAS UNDERLYING [ IG CAUSE OF dicol exominer)  In (1) (this haspital as year of the couses stop on the couses stop of the couse st	THE TERMINAL RT 1 (A).  NDITION FOR WARFORMED  21B. hometc.)  (Hour) 21E. Whill World  attended the	PLACE OF INJURY (e.g., form, foctory, street, or injury occurred to the deceased fram	21F. HOW DID INJ	(If in Boltimor URY OCCUR?  19 10 10 10 api	JSES OF DEAT	oct lacotian)  19  ccurred an the d
MEDICAL CERTIFICATI	TO THE DEATH B DISEASE OR CONI 19 A. DATE OF OP  21 A. A CCIDENT OR CONTRIBUTIN DEATH (notily me  21 D. TIME OF INJURY (APPROX.)  22. 1 certify that that (1) (we) las and hour and free 23 A. SIGNATURE  23 C. PHYSICIAN'S NAME (Trop)	UT NOT RELATED TO DITION GIVEN IN PA  FERATION 198. COD  WAS PER  WAS UNDERLYING [ IG CAUSE OF dicol exominer)  Nonth) (Doy) (Year)  If (1) (this haspital as saw the deceas on the couses sto	THE TERMINAL RIT I (A).  NDITION FOR WARFORMED  218. hometc.)  (Hour) 21E. Whill attended the dalive an	PLACE OF INJURY (e.g., form, foctory, street, or injury occurred to the deceased fram (We) (did) (did nat) of the decare of the	21F. HOW DID INJ	IN CERTIFYING CAN  (If in Boltimor  URY OCCUR?  19 7 to put  at In(my) (our) api  Shaff Phys.   Phys.	DISES OF DEAT	int (acotian)  197  ccurred an the d  GNED  Md
MEDICAL CERTIFICATI	TO THE DEATH B DISEASE OR CONI 19 A. DATE OF OP  21 A. ACCIDENT OR CONTRIBUTION DEATH (notily me  21 D. TIME OF INJURY (APPROX.)  22. I certify that that (I) (we) las and hour and re 23 A. SIGNATURE  23 C. PHYSICIAN'S NAME (Tros)  A. BURIAL CREMA' REMOVAL (Spec	UT NOT RELATED TO DITION GIVEN IN PA  ERATION 198. COD  WAS PER  WAS UNDERLYING [ G C AUSE OF dicol exominer)  In (1) (this haspital as a saw the deceas om the couses stop on the couse stop on th	ITHE TERMINAL RIT I (A).  NDITION FOR WARFORMED  218. hometc.)  (Hour) 21E. Whill attended the dalive an inted doove. 11	PLACE OF INJURY (e.g., form, foctory, street, or INJURY OCCURRED  Le A1 Not White At Work  At Work  At Work  We) (did) (did nat)  DEGREE  ME of CEMETERY of CR	21F. HOW DID INJ  21F. HOW DID INJ  19	IN CERTIFYING CAN  (If in Boltimor  URY OCCUR?  19 7 to put  at In(my) (our) api  Shaff Phys.   Phys.	JSES OF DEAT	int (acotian)  197  ccurred an the d  GNED  Md
MEDICAL CERTIFICATI	TO THE DEATH B DISEASE OR CONI 179A. DATE OF OP  21A. ACCIDENT OR CONTRIBUTIN DEATH (notily me 21D. TIME (M OF INJURY (APPROX.)  22. 1 certify that that (1) (we) last and hour and re- 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMA' REMOVAL (Spect	UT NOT RELATED TO DITION, 198. COD.  WAS PERATION 198. COD.  WAS PERATION 198. COD.  WAS PERATION 199. COD.  WAS PERATION (Part)  WAS UNDERLYING (IG CAUSE OF dicol exomine)  WAS UNDERLYING (IG CAUSE OF dicol exomine)  WAS UNDERLYING (IG CAUSE OF dicol exomine)  WAS PERATION. (Part)  WA	THE TERMINAL RIL I (A).  NDITION FOR WARFORMED  218. hom:etc.)  (Hour) 21E. Whill World  attended the ed alive an	PLACE OF INJURY (e.g., form, foctory, street, or injury occurred to the At Work of the deceased fram when the deceased fram the deceased f	21F. HOW DID INJ  21F. HOW DID INJ  19 and the view the bady after death.  23D. ADDRESS  EMATORY  24D. V	IN CERTIFYING CAN  (If in Boltimor  URY OCCUR?  19 1 to 10 t	Distance of Death and Deat	interpretation in the description of the description in the descriptio
MEDICAL CERTIFICATI	TO THE DEATH B DISEASE OR CONI 19 A. DATE OF OP  21 A. ACCIDENT OR CONTRIBUTION DEATH (notily me  21 D. TIME OF INJURY (APPROX.)  22. I certify that that (I) (we) las and hour and re 23 A. SIGNATURE  23 C. PHYSICIAN'S NAME (Tros)  A. BURIAL CREMA' REMOVAL (Spec	UT NOT RELATED TO DITION, 198. COD.  WAS PERATION 198. COD.  WAS PERATION 198. COD.  WAS PERATION 199. COD.  WAS PERATION (Part)  WAS UNDERLYING (IG CAUSE OF dicol exomine)  WAS UNDERLYING (IG CAUSE OF dicol exomine)  WAS UNDERLYING (IG CAUSE OF dicol exomine)  WAS PERATION. (Part)  WA	ITHE TERMINAL RIT I (A).  NDITION FOR WARFORMED  218. hometc.)  (Hour) 21E. Whill attended the dalive an inted doove. 11	PLACE OF INJURY (e.g., form, foctory, street, or injury occurred to the At Work of the deceased fram when the deceased fram the deceased f	21F. HOW DID INJ  21F. HOW DID INJ  19	IN CERTIFYING CAN  (If in Boltimor  URY OCCUR?  19 1 to 10 t	Distance of Death and Deat	interpretation (State
MEDICAL CERTIFICATI	TO THE DEATH B DISEASE OR CONI 179A. DATE OF OP  21A. ACCIDENT OR CONTRIBUTIN DEATH (notily me 21D. TIME (M OF INJURY (APPROX.)  22. 1 certify that that (1) (we) last and hour and re- 23A. SIGNATURE  23C. PHYSICIAN'S NAME (Type)  A. BURIAL CREMA' REMOVAL (Spect	UT NOT RELATED TO DITION, 198. COD.  WAS PERATION 198. COD.  WAS PERATION 198. COD.  WAS PERATION 199. COD.  WAS PERATION (Part)  WAS UNDERLYING (IG CAUSE OF dicol exomine)  WAS UNDERLYING (IG CAUSE OF dicol exomine)  WAS UNDERLYING (IG CAUSE OF dicol exomine)  WAS PERATION. (Part)  WA	THE TERMINAL RIL I (A).  NDITION FOR WARFORMED  218. hom:etc.)  (Hour) 21E. Whill World  attended the ed alive an	PLACE OF INJURY (e.g., form, foctory, street, or injury occurred to the At Work of the deceased fram when the deceased fram the deceased f	21F. HOW DID INJ  21F. HOW DID INJ  19 and the view the bady after death.  23D. ADDRESS  EMATORY  24D. V	IN CERTIFYING CAN  (If in Boltimor  URY OCCUR?  19 1 to 10 t	Distance of Death and Deat	interpretation (Stote

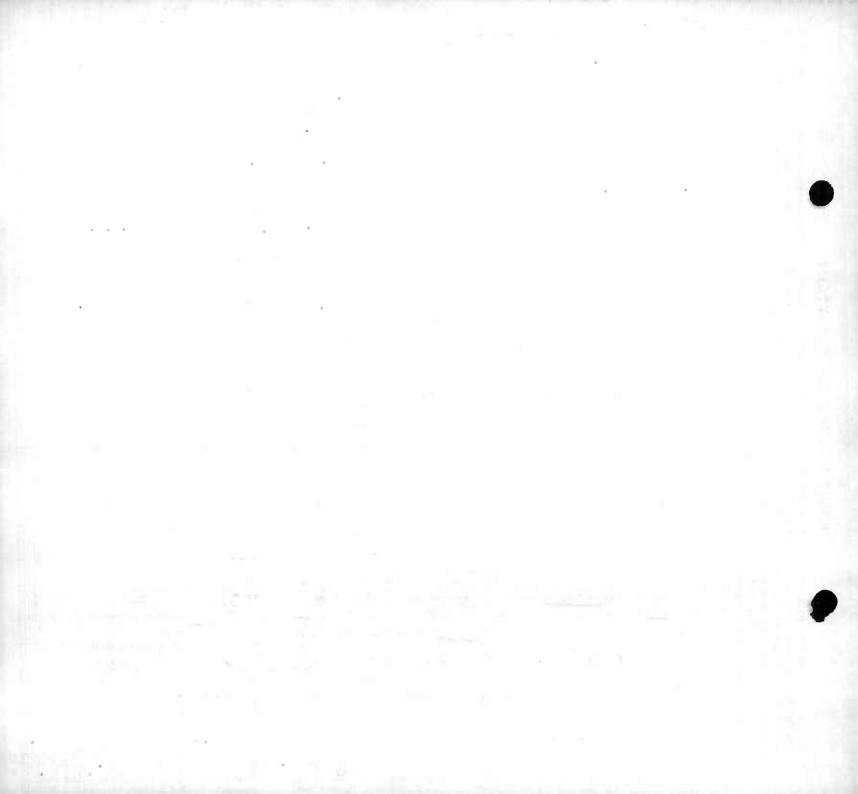


Brown Francisco

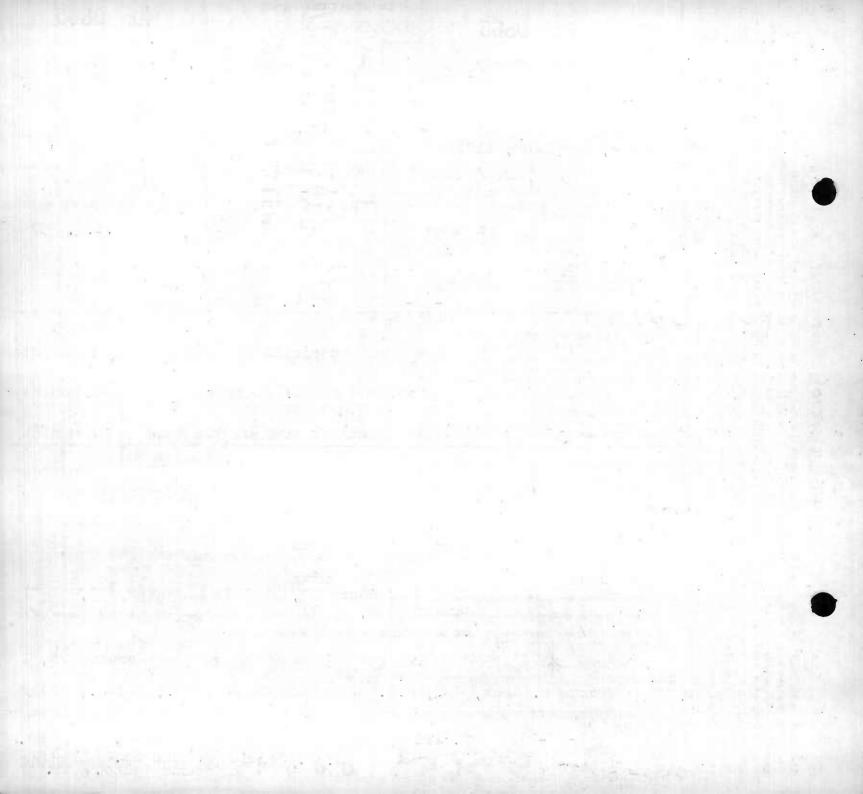
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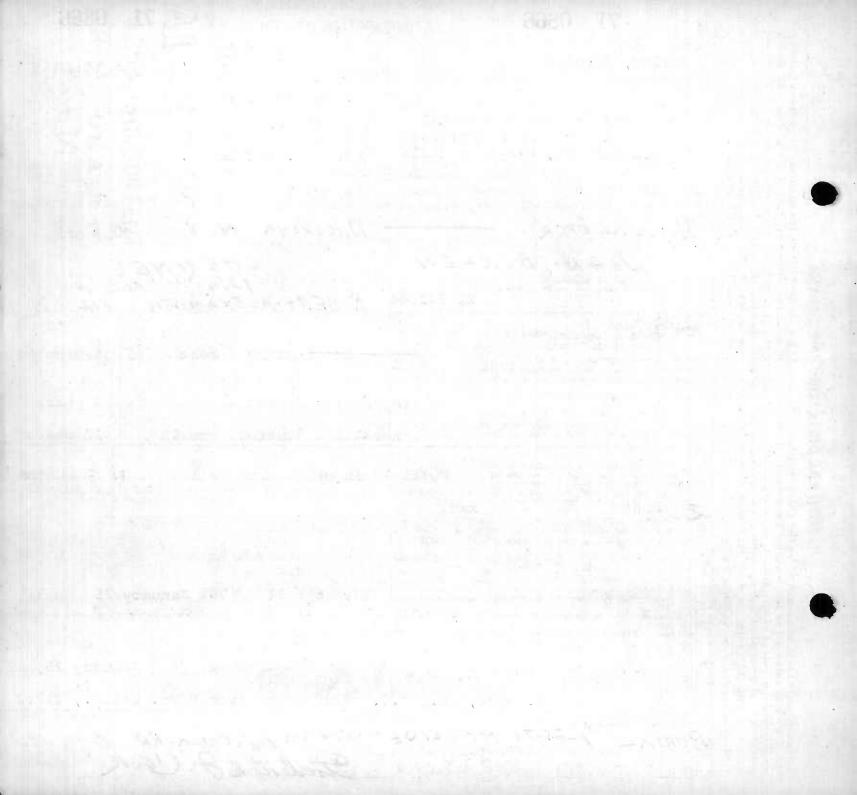
1-28 71

0.50	<b>A</b>	0.0.0		Y HEALTH DEPARTMEN	T	71 0864	1	
BIRTH NO.	71	0864	CERTIFICA	TE OF DEAT	H REG. NO	/I 000	1	
1. NAME OF DE	James P. Conni	ff		2. DAT	1/26/71	н   //:	30 4 44	
3. PLACE IN BA	ALTIMORE, MARYLANO, V	WHERE PRONO	UNCED OEAD	A. USUAL RESIDENCE I	Where deceased lived, If	institution; residence be	fore admission)	
FULL NAME OF	F IIF NOT IN HOSPIT	TAL OR INSTITU	UTION, GIVE STREET	Md. 903				
INSTITUTION	ADDRESS OF LOC	AHONI		C. CITY OR TOWN	D. IN	ISIDE CITY LIMITS?		
37	Mercy Hospita	1		Balto.	FD	YES X NO		
				908 E. 37th				
5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. OATE OF BIRTH	9. AGE IIn years	II Under 1 Yr II	Under 24 Hrs.	
M.	W.	WIDOWED	DIVORCED	10/26/08	last birthday	Months Days Ho	urs Min.	
IOA, USUAL OCO	CUPATION (Give kind of wor of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE  State of	foreign country!	12. CITIZEN OF WH	AT COUNTRY?	
Welde	- '	Boile	er Local	Balto. Mc	d •	U.S.A.		
Patrick	Conniff			Theresa Mc	****			
15. Was Decease	nd Ever in U. S. Armed Formillif yes, give wer or dete	rces?	1 6. SOCIAL	17. INFORMANT		ADDRESS	~	
No	in yes, give wer or con	s of services	SECURITY NO.	Mns Vinc	ginia Conni	ff 908 E.	Street	
18.	11-9-11	13.1	CAUSE OF DEAT		gillia Oolhii	APPROXIM	ATE INTERVAL	
DISEA	SE OR CONDITION DI	RECTLY		0			ISET AND DEATH	
(This door	LEADING TO DEATH	dutan	(A) IMMEDIATE CAL	USE Pheumor	us (st. li	wee		
heart failure	, asthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:	K	OSC)	***************************************	
injury or co	mplication which caused ANTECEDENT CAUSES		10	, Donnaha	901. 10	CA		
DISEASES	OR CONDITIONS, if		(B) TO OR AS	A CONSEQUENCE OF:	Jenes			
rise to th	he above cause (A) IG CONDITION last.	staling the	(c) 6	Ita lun	7		A A A A A A A A A A A A A A A A A A A	
7	11							
E ITO THE DEA	IFICANT CONDITIONS CO ATH BUT NOT RELATED TO T	HE TERMINAL						
19A. DATE O	CONDITION GIVEN IN PAR F OPERATION 198 CON	DITION FOR V	VHICH OPERATION	20A. AUTOPSY? (Yes o	r No. 20B, IF YES. WER	FINDINGS CONSIDER	ED	
19A. DATE O	WAS PER	FORMED		NO.	IN CERTIFYING C	AUSES OF DEATH?		
OR CONTRIB	ENT WAS UNDERLYING DESCRIPTION OF CAUSE OF COMMENT OF CAUSE OF CAU	21 B, hometc.)	e, form, toctory, street, o	n or about 21 C. WHERE DI	O (II In Boltim	are City, give exact locat	ion)	
OF INJURY	Month!   Dayl   Year	IHoud 21E	INJURY OCCURRED	21F. HOW OID	INJURY OCCUR?			
(APPROX.)		Whi	le At Not While					
22. I certify	y that (I) (this hospital	) attended th		1 264	19 7 / 10	1/26	19 7/	
1	) last saw the decease	•	1/26	19 7/ and	d that In(my) (aur) ap			
and have an	nd from the causes star	ed above. (I)	(We) (did) (did nat) v	lew the body after dea				
23A. SIGNAT		0 0.				238, DATE SIGNED		
	rahm	2 130	DEGREE Phy	nding Med. Director	Shaff Phys.	1/26/21		
23 C. PHYSICI. NAME I	Type PRATIM	A Bos	E M)	230. ADDRESS Mel	cy Hospit	el el		
24A. BURIAL CRI	EMATION, 248. DATE	24C. NA	ME of CEMETERY of CR	EMATORY 241	D. LOCATION IC	City, town, or county)	(State)	
Burial	1-29-	1971	ardens of	Faith	Balto.,		Md.	
	28 1971 Pole	258, NAME O		25C FUNERAL DIRECT	TOR	Sons Co ad Balto.	\$ 02.02.0	
VS 150-REV. 1/1.	/68	1		1 0 0 4	TOLK NO	au Dallo,	ria.	



BALTIMORE CITY HEALTH DEPARTMENT	005
BIRTH NO. 71 0865 CERTIFICATE OF DEATH REG. NO. 71 08	860
T, NAME OF DECEASED  (Type or Print)  2. DATE AND HOUR OF DEATH	
Agnes Kennedy January 25, 19/1   5:	30 PM M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence as STATE B. COUNTY	before admission)
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland	57
INSTITUTION D. INSIDE CIT IMMIST	
Good Samaritan Hospital Baltimore YES	NO L
Baltimore, Maryland, 21212 1307 Southview Road	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr.	If Under 24 Hrs.
F W WIDOWED DIVORCED 12-24-1908 62	Hours Min.
	WHAT COUNTRY?
Homemaker Own Home Atlantic Highlands. U.S.	Α.
13. FATHER'S NAME	
Charles Eustace Dehlia Carev	
	ESS
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	
No 216-48-3913 Mr. J. Eugene Kennedy Sa	me
	OXEMATE INTERVAL N ONSET AND DEATH
LEADING TO DEATH	0
(This does not mean the mode of dying, e.g.,  (A) MMEDIATE CAUSE Respiratory arrest  DUE TO, OR AS A CONSEQUENCE OF:	0 minutes
heart failure, asthenia, etc. It means the disease,	
injury or camplication which caused death.)	months
ANTECEDENT CAUSES Cerebrovascular accident 3	months
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:	
underlying condition last.  (c) Metastatic cancer of the lung 3	months
UNDERCTING CONDITION IGST. (C) THE LAS LAUTE CATTOET OF CHE AND	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL  V DISEASE OR CONDITION GIVEN IN PART 1 (a);	
	IDERED
19A. DATE OF OPERATION NO 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED XXXX	?
U 21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact	locotion)
OR CONTRIBUTING CAUSE OF home, form, factory, street, affice bldg., INJURY OCCUR?	
no xxxx xxx	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?  While At Description of Month (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) XXXX While At Work XXXX	
22. I certify that (this haspital) attended the deceased from January 12, 19 71 to January 25	19 71
that (1) (**) lost sow the deceased alive on January 25, 19 71 and that in (my) four opinion death acc	Accessed 7 consecutive 9
and hour and from the causes stated above. (1) 1806 (did) (did) (did) white view the body after death.	
23A. SIGNATURE 23B. DATE SIGN	IED
	y 25, 197
23C. PHYSICIAM'S NAME (Type) George H. Sack, Jr., M.D. 6200 Loch Raven Blvd., Balto.	, 21212
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or count	
Burial 1-27-1971 Mt. Erin Cemetery Havre de Grace.	Md.
Burial   1-27-1971 Mt. Erin Cemetery   Havre de Grace,  25A. DATE REC'D BY HEALTH DERT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR.   25C. F	DRESS
JAN 28 1971 Jan 28	Mal212





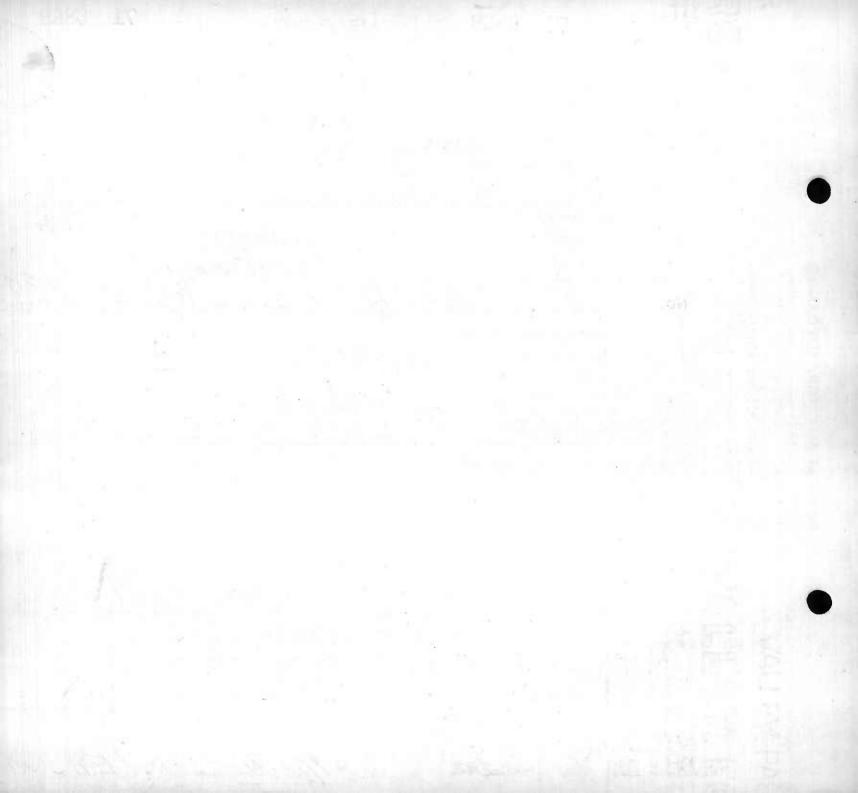
medition and adjust in a Site ment retents. In the Site

. 35--519

Charles (Carles) (Carles) Salamon

Q 1/7/			BALTIMORE CITY	HEALTH DEPARTMENT			
BIRTH NO.	71	0868	S CERTIFICA	TE OF DEATH	REG. NO	71	0868
1. NAME OF DECEAS	ELL, JAMES	HARDY		2. DATE	AND HOUR OF DEATH	1	17.1c p
3. PLACE IN BALTIM			UNCED DEAD	4. USUAL RESIDENCE (W	here deceased lived. If	institution: lesio	dence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION TO ALL	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland	UNTY	16	01 -
INSTITUTION Vet			on Hospital	C, CITY OR TOWN	D. IN	SIDE CITY LIMI	TS?
	O Loch Rave			Baltimore E. STREET AND NUMBER		YES X	NO 🗌
	timore, Md		V	II .	arrolton Ave		
	RACE	-	X NEVER MARRIED	8. DATE OF BIRTH		If Under 1	V. (6.1)
Male	Negro	WIDOWED	DIVORCED	8/20/37	% AGE (In years last birthday)	Months D	Yr. If Under 24 His.
done during most of work	TION (Give kind of work ling life, even if relired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country)	12. CITIZEN	OF WHAT COUNTRY
Constructi				PSSOCOOK (	Drvn N.C	T	ISA
13. FATHER'S NAME		1		14. MOTHER'S MAIDEN N			1000
Hardy Be				Ethel Washir	ngton		
15. Was Deceased Eve (Yes, no or unknown) (If	er in U.S. Armed Far yes, give wor or dote	ces? s of service)	1 6. SOCIAL SECURITY NO.	VA Hospital	3000 Took P	ATTOM DIA	DDRESS
	$\frac{5/53 - 1/2}{}$	8/55	247-48-06-44	Baltimore N	Maryland 212	aven biv	a.
18.	A	-100	CAUSE OF DEATH	H Dat of more a	rat y tariu 212.		APPROXIMATE INTERVAL
DISEASE C	OR CONDITION DI	RECTLY				BET	WEEN ONSET AND DEATH
LEA	DING TO DEATH		(A) IMMEDIATE CAU	SE Acute Pano	creatitis		3 weeks
(This does not	mean the mode of	dying, e.g.,		A CONSEQUENCE OF:	AT OCK OT OT D		) weeks
injury or complic	nenia, etc. Il means ation which caused	death.)				- 1	
ANT	ECEDENT CAUSES						
	CONDITIONS, if	new states	(B)	A CONSEQUENCE OF:	***************************************		
rise to the o	bove cause (A)	ony, giving stating the	(c)	A CONSEQUENCE OF:			
	11						
ITO THE DEATH BI	NT CONDITIONS COL	IE TERMINAL	***************************************				
	ERATION 198. CON	DITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE	FINDINGS CO	NSIDERED
1/22/7	WAS PERF	ORMED	abscess		IN CERTIFYING CA	USES OF DEA	TH?
U 21A. ACCIDENT V	VAS UNDERLYING	218.	PLACE OF INJURY (e.g., in	Yes .	Yes (If in Beltime	re City, give ex	ract location)
OR CONTRIBUTIN	G CAUSE OF	home	, farm, factory, street, of	fice bldg., INJURY OCCUR?	p. III odililile	we City, give e.	tuci locononj
OF INJURY	anth) (Day) (Year)		INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?		
(APPROX.)		Whit	At Work	· 🗆			
22. I certify that	() (this hospital)			January 6th	10 77 40 12		1.41 77
A. A.			January 21t	-M. N. M.	10	miary 2	th 19 7]
and hour and for	m the gauses stat	ed abov4. (i)	(Ma) (did (did not) vi	lew the body after death			
23A/SICHATORE	1+	110	11 0010			23B, DATE S	IGNED
Willia	-Cos on	Nol	OL/ Phus	nding Med.	Staff Phys.	1/25/	71
23C. PHYSICIAN'S			DEGMEE		Loch Raven B		, –
NAME (Type)	WILLIAM EAS	TON WALL	KER, M.D.		ore, Marylan		
4A. BURIAL CREMAT	ION, 24B, DATE		ME of CEMETERY of CRE			ily, town, or co	ounty) (Slote)
Burial	1-29-71	Mt.	Zion Cemeter	Y L	akewview. S.	C .	
JAN 28 19	PEALTH DEPT.	258 NAME O	PLA ()	MOCK ON & Dive	R-3	ome	ADDRESS
/S 150-REV. 1/1/68			-	11/01 Laurens	St. Balto,	Md. 212	1/

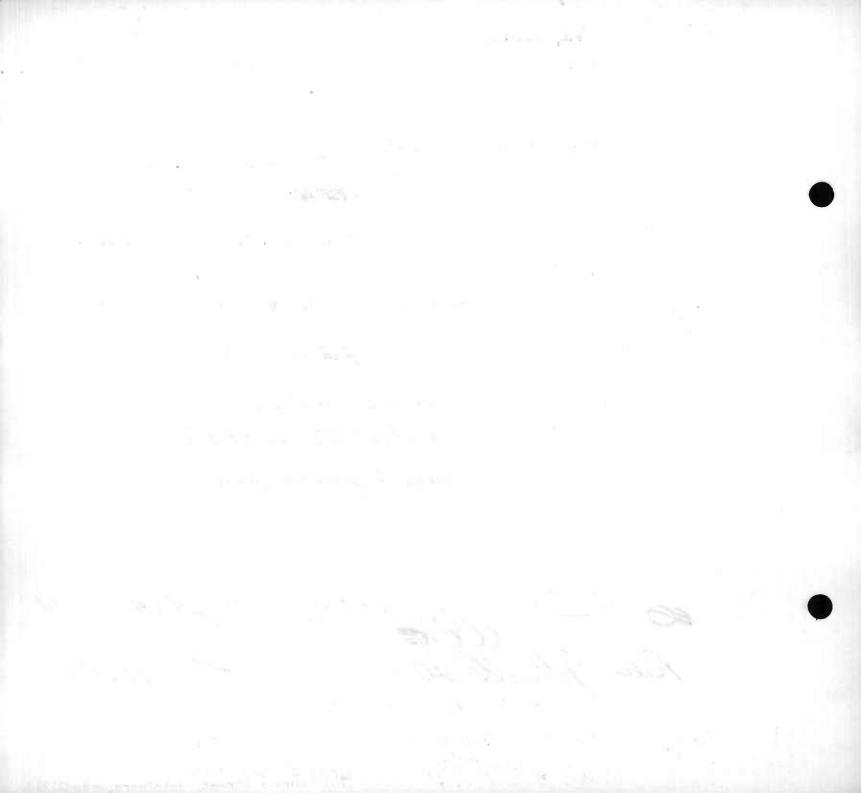
11 at 115 at 125 750 Laureas St. 1275 127 21217 BALTIMORE CITY HEALTH DEPARTMENT



O FIN			BALTIMORE CITY	HEALTH DEPARTMEN	T X	m4 00m0					
BIRTH NO.	71	087	O CERTIFICA	TE OF DEATH	H REG. NO	/1 0870					
1. NAME OF DECE					22/71 HOUR OF DEATH						
	mbs, Lucinda			· ·		12:35 A. M					
3. PLACE IN BALII	MORE MARYLAND, W	HERE PRONO	UNCED DEAD	A. STATE B. C	Where deceased lived, If in OUNTY	stitution: residence before admission)					
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITU	UTION, GIVE STREET	Maryland /	DRD 1	5200					
INSTITUTION	Provident	Hospita	1 Complex	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?					
20	2600 Liber	-	_	Baltimore		YES K NO					
99	Baltimore,		_	Box 250 Don							
5. SEX  6	RACE	7. MADDIED	NEVER MARRIED	8. DATE OF BIRTH							
Female	Black	WIDOWED	DIVORCED	2/10/00	9. AGE (In yours lost birthday) 70	Months Days Hours Min.					
done during most of wo	ATION (Give kind of work rking life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY					
Unemploye	d			Baltimore	, Maryland	U. S. A.					
13. FATHER'S NAM		l		14. MOTHER'S MAIDEN							
Georg	e Combs										
		:05?	1 6. SOCIAL	WILLIE A	nn Gamble	4500					
(Yes, no or unknown) (I	ver in U. S. Armed Ford I yes, give wer or dete	s of service)	SECURITY NO.			ADDRESS					
					a Nick-Daughte	er Same 969-9043					
18. 153.	8 1		CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
	OR CONDITION DIR	ECTLY		Do. ()	-						
(This does not	mean the made at	dving. e.g.	(A) IMMEDIATE CAU	selevic la	Minoria of	(S)					
i heart failure, as	(This does not mean the mode al dying, e.g., heart failure, asthenio, etc. II means the disease, injury ar camplication which caused death.)										
		deam.)		$\mathcal{O}_{\ell}$	0-1	+1), -					
	ITECEDENT CAUSES		(B) larcy	romonest.	o Con (res	eeled 65					
dise to the	CONDITIONS, if conserved	nny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	2						
underlying condition lost.											
	11		/ / /								
OTHER SIGNIFIC	ANT CONDITIONS CONBUT NOT RELATED TO TH	TRIBUTING	an au								
DISEASE OR CON	IDITION GIVEN IN PART	1 (A).	Men								
OTHER SIGNIFIC. TO THE DEATH DISEASE OF CON 19A. DATE OF O 21A. ACCIDENT	PERATION 198, CONT	ORMED	HICH OPERATION	20 A. AUTOPSY? (Yes o	No. 20R IF YES, WERE IN CERTIFYING CA	INDINGS CONSIDERED USES OF DEATH?					
U 21A ACCIDENT	WAS UNDERLYING	21 R	PLACE OF MILITAY In a la	or obout 21 C. WHERE DIE							
OF CONTRIBUTE	WAS UNDERLYING D	home	farm, foctory, street, of	ico pida" INIAKA OCCA	? (It in Boltimor	City, give exact location)					
01											
S OF INJURY	Aonth) (Day) (Year)		INJURY OCCURRED		INJURY OCCUR?						
(APPROX.)		Worl	e At   Not While								
22. I certify th	at (1) (this hospital)	attended th	e deceased from 1/	22/71	19to_1/25	/71 10					
that (1) (we) 10	st saw the decease	alive on 1	/25/71	19		nion death occurred on the date					
1	6			ew the body after dea	runt iu (mà) (ont) obli	non death occutted on the dote					
23A. SIGNATURE		o andve. (I)	(ue) (aia) (aia not) Vi	ew the body after dea	th.	DATE CLOSED					
MI	at a	1	and m.D. Atter	nding	1 Shiff Firm	238. DATE SIGNED					
23C. PHYSICIAN	way.	2 ew	DEGREE	Med. Director	Staff X	Jan. 25, 1971					
NAME (Type	130	6-1	- I II TO	3D. ADDRESS	T	Daltimore Md					
I WE	BOIER	OE	VELL DEGREE	2600 Liberty l	ieignts Ave.	Baltimore, Md.					
REMOVAL (Spe	CITON, 248. DATE	24C.NA	ME of CEMETERY OF CRE	MATORY 24D	LOCATION (Cit	y, town, or county) (State)					
Burial	1-28-71	Mt.	Calvary Ceme	tery	A.A. Co.,	Maryland					
25A, DATE REC'D BY	HEALTH DEPT.	25B. NAME Q		25C, FUNERAL DIRECT	OR	ADDRESS					
JAN 28 1	79 Robert E	3. a.	20	MORTON EDD		01 Laurens Street					
/S 150-PEV. 1/1/68											



			BALTIMODE CIT	VIIIALTII DEDA DELIM						
5-363	774	0871		Y HEALTH DEPARTMENT		71	0874			
BIRTH NO.	ASED	0071	CLATITICA							
(Type or Print)	Stroud, J	oshua	(Josuay)		AND HOUR OF DEATH 24/71		1:25			
3. PLACE IN BALT	IMORE MARYLAND, V	VHERE PRONC		4. USUAL RESIDENCE (VA. STATERIO B. CO						
FULL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTIT	TUTION CIVE STREET	A. STATEPICE B. CO	UNTY	9	19			
HOSPITAL OR	ADDRESS OR LOC	ATION)	TUTION, GIVE STREET	C. CITY OR TOWN	D. IN	IDE CITY LIMITS	2			
115	Good S	amari+	an Hospital	Baltimor		YES K	NO 🗌			
45	3000 5	amar I C	an nospital	E. STREET AND NUMBER	lbrook St.	21202				
. SEX	6. RACE	7. MARRIED	NEVER MARRIED *	8. DATE OF BIRTH		II Under 1 Y				
M	B	WIDOWED	DIVORCED T	09/5/01	9. AGE (In years lost birthday)	Months Doy	r. II Under 24 s Hours Mi			
A. USUAL OCCU	PATION (Give kind of working life, even if refired)	10B KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or I	areign country)	12. CITIZEN	OF WHAT COUR			
Unemploye	SIKING ING, SABIL IL ISILIAN						-			
FATHER'S NAM	E			YYORK Cty. S	IAME	U. S.	. A.			
St	roud, John	n			St	ısan				
Was Deceased F	ver in U. S. Anned For Il yes, give war ar date	2	1 6. SOCIAL SECURITY NO.	17. INFORMANT	, 50		DRESS			
lo.	, and an edite		212-563384	Fletcher Pow	ell 1520 Holl	prook Sti	reet			
1B. / /	4		CAUSE OF DEAT	H		API	21202			
DISEASE	OR CONDITION DI	RECTLY			0 1	SETWE	EN ONSET AND DE			
1	EADING TO DEATH		(A)IMMEDIATE CAL	SE Asteriore	anolu	15-				
hearl failure, a	mean the mode of sthenio, etc. It means	the disease		A CONSEQUENCE OF:		Lever				
injury or compl	icalian which caused	death.)								
ANTECEDENT CAUSES (So rasala diseaso)										
DISEASES OR	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the									
UNDERLYING	CONDITION lost.	oroning inc	(c) 4 1/c	abeles m	ellilus.					
	11									
TIO THE DEATH	ANT CONDITIONS COL	JE TERLINIAL	11-0.1	I answer	mil					
19A. DATE OF O	PERATION 198 CON	Τ 1 /Δ1.	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208 IE VEC WEST	ENIDNICE CC	rin care			
0	WAS PERF	ORMED		STREET OF STREET	No. 208, IF YES, WERE IN CERTIFYING CA	USES OF DEAT	H?			
OR CONTRIBUTE	WAS UNDERLYING NG CAUSE OF	218.	PLACE OF INJURY (e.g., in	or about 21C. WHERE DID	(It In Boltimar	e City, give exoc	t location!			
DEATH (notify m	edical examined	elc	e, form, lociary, sireet, an	ice bldg., INJURY OCCUR?						
DEATH (notify m	Manth) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID II	JURY OCCUR?					
(APPROX.)		Whi	le At   Not While							
22. I certify th	at (1) (this hospital)			12/11/	1050/11/	2 2/	- (5)			
tho to (we) lo	st saw the decease	d olive on	1/24	10 7/	19 20 to //	14	19			
			Was Carried St.	out the hadrest and the	that In (my) (aur) apt	nian death ac	curred on the d			
23A. SIGNATURE	and hour and from the causes stated above. (1) (We) (did) (att nat) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED									
11/	lea-1/1	1/2 1/	Atter	ding Med.	Staff Phys.	1	11/-1			
23 C. PHYSICIAN NAME (Type	Je y	WEL	Degree Phys.	3D. ADDRESS	Phys.	1/2	7/ //			
INAME HIPPE	Richard J	. Owel	llen. M.D.		Hopkins Ho	spital				
A. BURIAL CREMA REMOVAL (Spe	TION, 248, DATE		ME OF CEMETERY OF CRE			y, town, or coun	aty) (Stote)			
Burial	1-28-7		. Auburn Cemet		altimore, Man		y. (3101e)			
A. DATE RECOPUS	HEALTH DEPT-O	254. NOME TO	F REGISTRAR	25C. FUNERAL DIRECTO			DDRESS			
JAN 40	13/1 140000	C. Valbe	10 0 m		ett Funeral					
150-REV. 1/1/68				1701 Lauren	s Street Ra	l t lmore	Md 212			



IMPORTANT

DIRECTOR:

FUNERAL

Toyenia Smith 13782 Snellund of

IMPORTANT

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

NO

Hours

APPROXIMATE INTERVAL

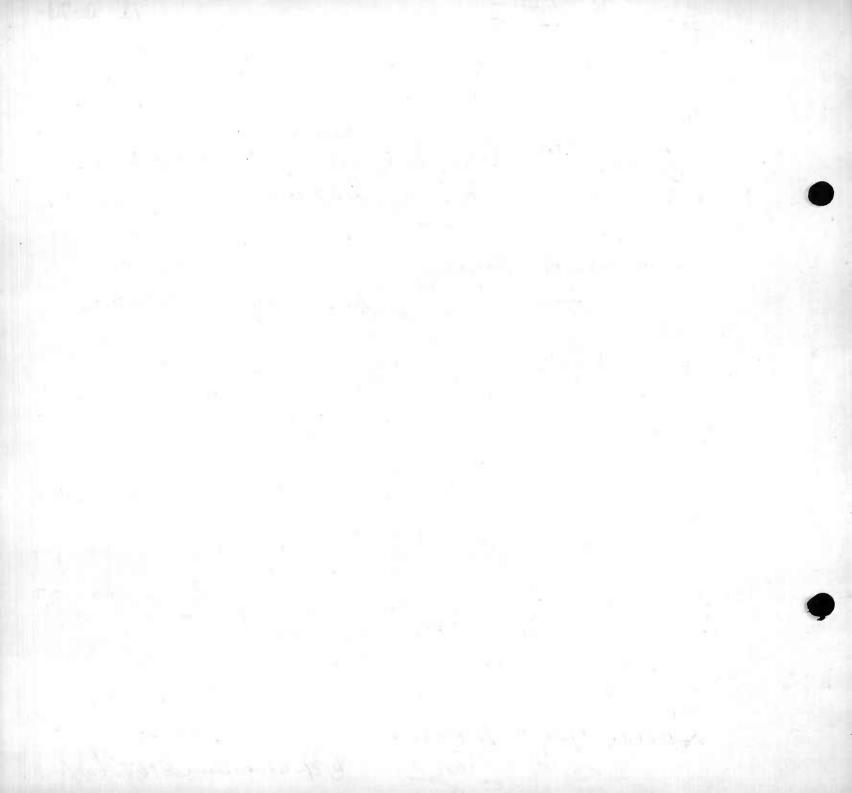
BETWEEN ONSET AND DEATH

19

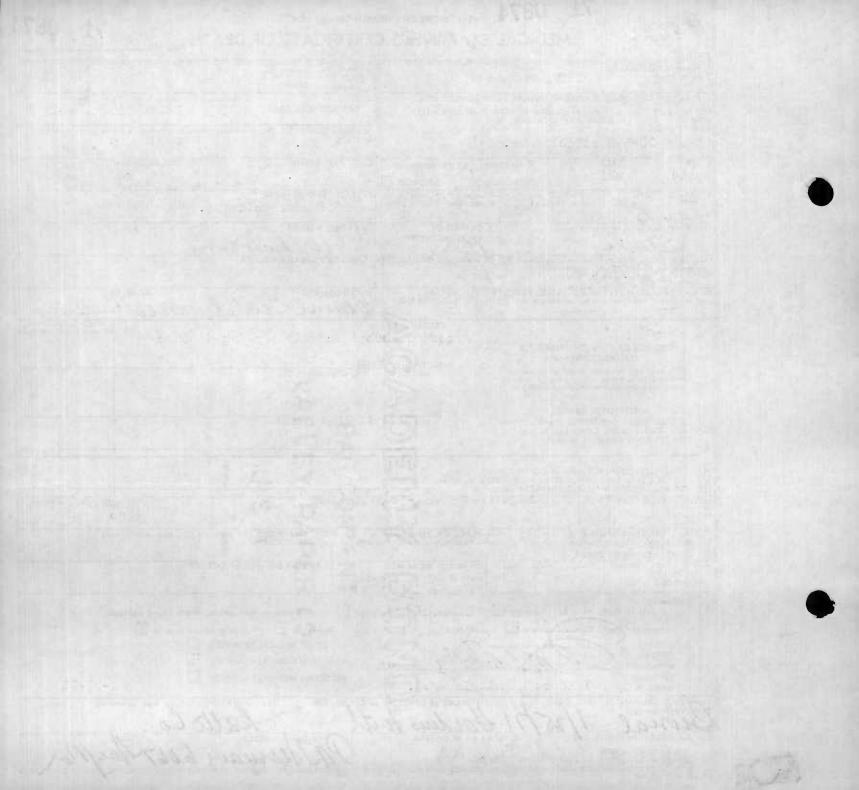
ADDRESS

ADDRESS

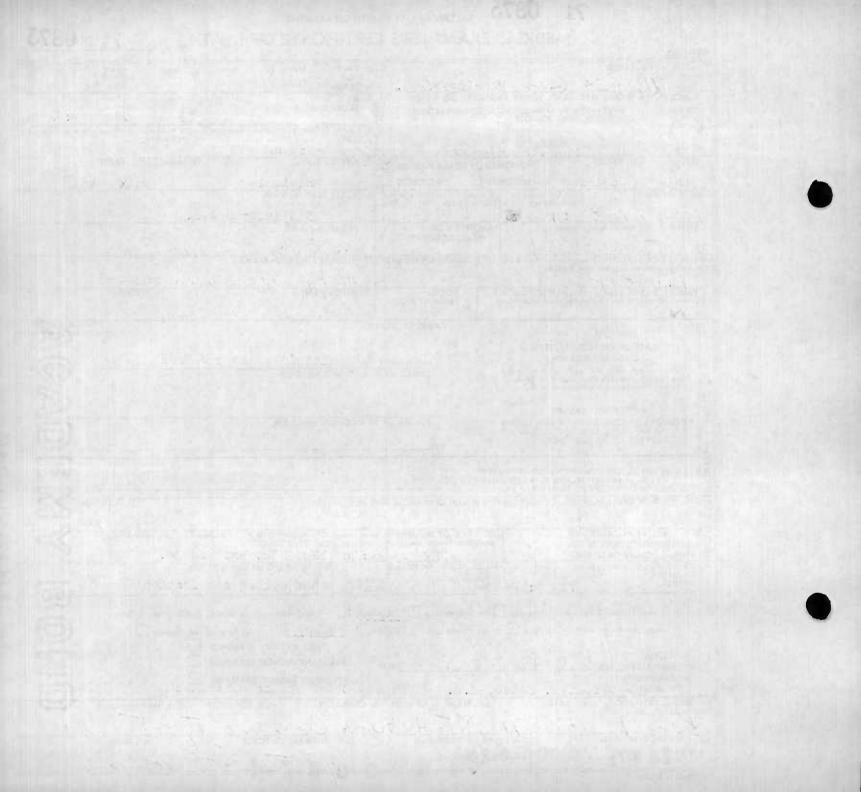
If Under 24 Hrs. Hours : Min.



DIXITE (10).	
1. NAME OF DECEASED (Type or Print) PIETRO MARASA	2. DATE Known Month Doy Year Hour OF DEATH Estimated M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	3. DATE Month Doy Year Hour PRONOUNCED DEAD 1 21 1971 4:45 p
3006 Westfield Ave.	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  A. STATE Md.  B. COUNTY
6. SEX 7. RACE 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	C. CITY OR TOWN Balto.  D. INSIDE CITY (MITS?  YES NO
9. DATE OF BIRTH 10.AGE (In years   ff Under 1 Yr. If Under 24 Hrs.   Months, Doys, Haurs   Min.	E. STREET AND NUMBER 3006 Westfield Ave.
11. BIRTHPLACE (State or loreign country)  12. CITIZEN OF WHAT COUNTRY?	13. FATHER'S NAME
4A.USUAL OCCUPATION (Give kind all work) 14B. KIND. OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
16. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no qrunknawn) (11 yes, give war ar doles of service)  17. SOCIAL SECURITY NO.	18 INFORMANT Leutile BookWestlief
119. CAUSE OF DEAL	TH APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (A) IMMEDIATE C	cotic cardiovascular disease
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  III  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS A CONSEQUENCE OF:
DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	AS PERFORMED 21. AUTOPSY? (Yes or No)
UNDERLYING OR CONTRIBUTION OF CONTRIBUTION OF IORM, loctory, street, office UTING CAUSE OF DEATH.  Z 22D. TIME (Month) (Doy) (Year) (Hour) 22E. INJURY OCCURRED WHILE AT NOT	in or obaut 22C, WHERE DID (II in Boltimore City, give exoct location)
23,	topsy and that on this basis, death in my opinion  ie Homicide Undetermined manner  CHIEF MEDICAL EXAMINER DATE SIGNED
24A-BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERN REMOVAL (Specify)	or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERALDIRECTOR ADDRESS A
/S 151-REV. 1/1/68	, · · · · / · · ·



	4-25	-1		JO 1.	DALLI	MORE CITY HE						
RI	RTH NC.	~	MED	ICAL	EXAM	MINER'S	CERTIF	ICATE O	F DEAT	H REG. NO.	71	0875
1.	NAME OF DEC					1	2. DATE OF	Known 🖾	Month	Doy	Yeor	Hour
-	PLACE IN BA	155 ES	Elyss.	8 H	uggins	YA.So	DEATH	Estimoted _	]			A
FU	IL NAME OF				ITUTION, GIV		3. DATE	UNCED DEAD	Month	Doy	Yeor	Hour
HC	SPITAL RINSTITUTION	ADDRE	SS OR LOCAT	ION)		LJINELI	6 UCHAL	DECIDENCE (va	_ 1	25	71	9:05 p
	44						A. STATE	RESIDENCE (Whe	re deceased	B. COUNTY	n: residence b	efore odmission)
6.	SEX	Inion 7. RACE			ospita.		C. CITY O	Maryland		In laising o	IV I III IV	00/
						ER MARRIED	C. CITY O			D. INSIDE C		_ ′
9.	male DATE OF BIRT	colo	10. AGE (In	WIDOW		DIVORCED L.	F STREET	Baltimor AND NUMBER	е	Y	ES X	ио 📙
	1-3-1	9119	lost birthdoy	)	Months : Doy	Hours Min.	L. JIKELI					
11.	BIRTHPLACE (S	tote or foreig	n country)		12. CITIZEN	OF I	13. FATHE	1515 Rut	land A	ve.		
	R41T,	man in the	Mo	/	WHAT C	OUNTRY?	MI	77-1	Har	011.0		
144	LUSUAL OCCU	PATION (Give	kind of work I		OF BUSINES	S OR INDUSTRY	15. MOTH	ER'S MAIDEN N	AME /	GINS		
don	e during most of w	rorking life, eve	en Ifretired)				Au	WE M	45	AWYE	NEF	
16.	WAS DECEASE	D EVER IN I	J.S. ARMED	FORCES	7 17.50	CIAL	18. INFOR	MANT	46 /	A	DDRESS	
(16	s, no or unknown)	(it yes, give w	or or dotes o	ot service)	SEC	CURITY NO.	MK	thew.	Huso	148		
	19.	2				CAUSE OF DEA	TH	C715 VY	100	1773		PROXIMATE INTERVAL
	DISEAS	OR CONDI	TION DIREC	TIV					0		BETWI	EEN ONSET AND DEAT
		LEADING TO				(ANIMMEDIATE C	AUSE Mu	ltiple gu	nshot v	vounds		
	(This does no heart foilure,	of meon the osthenio, etc.	mode of dylater the	ng, e.g., disease,		DUE TO, OR						
	injury or con	plicotton which	h coused deal	ih.)								
		TECEDENT O				(8)						
	DISEASES O	ASOVE CAL	NS, IF ANY,	GIVING NG THE		DUE TO, OR	AS A CONSI	QUENCE OF:		***************************************		*********
z	UNDERLYIN	G CONDITIO	ON LAST.			(c)						
CERTIFICATION			1									
<u>∨</u>	TO THE DEA	IFICANT CON	DITIONS CO	NTRIBUTI HE TERMI	NG NAL							
THE	DISEASE OK	COMPINON	SIVEN IN PA	RT 1 (A)-								
S	ZVA. DAIE OF	OPERATION	20B. CON	DIIION F	OR WHICH	OPERATION WA	S PERFOR!	AED			21. AUTOF	SY? (Yes or No)
4	22A. FXTER	NAL CAUSE V	VAC	10	OR DIACE C	P lattinu/						es
MEDICA	UNDERLYING	OR CONT	RIB-	h	ome, form, fo	ctory, street, office	bldg., etc.)	22C. WHERE DID NJURY OCCUR?	(il in Boltimo	re City, give exc	oct location)	
ME	UTING LI CAI	JSE OF DEAT				XXXX side	walk	2200 Blk.	Harfo	rd Rd.	106	
	OF INJURY (APPROX.)	1 05			WHILE AT	NOT	WANTE					
	23.	1 25	/1 8	:40p 1	n. WORK	L AT W	ORK 🔀	shot duri	ng alt	ercation	l .	
	1 certi	fy that I he	ld an In	quiry [	Inspec	tion Au	opsy K	and that an	this basis.	death in my	oninlan	
	result	ed fram: No	itural caus	es 🖵	Ascident	Suicid	prompt of the same	omicide X		ned monner		
		1001	10.01	1	2			CHIEF MEDICAL			_	
	ACTUAL SIGNATU	DE MU	THUY	~ (	M	, ,,	ASS	STANT MEDICAL		ī	I	DATE SIGNED
	EXAMINE	R'S		-		M.D.				ī		
-		(Pe) Wern		Spitz		Depu	ty Chi	ef Medical	1 Exam	iner	1/	26/71
RE	A. SURIAL CREM MOVAL (Specif	ATION, 24	B. DATE		24C. NAME	of CEMETERY	CREMATO	DRY 24D.	LOCATION	(City, town	, or county)	(Stote)
	BUYIA		1-30	-71	177	Aubi	IYN	GEM I	NES	INATI		nd.
257	A. DATE REC'D	BY HEALTH D	EPT.		ME OF REG	ISTRAR	25C.	FUNERAL DIRECT	OR	A	DDRESS	1101
	AN 28	979	Beef E	Se B	J.K.D.	600	20	10/2 -	12-	Flin	Kon	
VS	151-REV. 1/1/68	N	799	-	7	14	- 'U/	acare.	-	2,000		



IMPORTANT

FUNERAL DIRECTOR:

1-525 71		TE OF DEATH REG. NO.	71 0876
BIRTH NO.	CERTIFICA	TE OF DEATH REG. NO.	
1. NAME OF DECEASED (Type of Pier NSON, NATHANIEL		2. DATE AND HOUR OF DEAT	1 12:55 A M
3. PLACE IN BALTIMORE, MARYLAND, WHE	RE PRONO UN CED DEAD	4. USUAL RESIDENCE (Where deceased lived. II	institution: residence before odmission)
FULL NAME OF (IF NOT IN HOSPITAL HOSPITAL OR ADDRESS OF LOCATION	OR INSTITUTION, GIVE STREET	Maryland	302
NSTITUTION			NSIDE CITY LIMITS?
Veterans Administ: 3900 Loch Raven Bo		Baltimore  E. STREET AND NUMBER	YES 🚺 NO 🗌
Baltimore, Marylan		931 Fayette Street	
	MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (in years	If Under 1 Yr., If Under 24 Hrs.
	IDOWED DIVORCED	7/4/33   last birthday  37	Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of wark 108 one during most of working life, even if retired)		11. BIRTHPLA CE (State at foreign country)	12. CITIZEN OF WHAT COUNTRY
Truck driver	perial paper Co	Elkham W. Va.	USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Joseph Tenson		Gertrude Boone	
5. Was Deceased Ever in U.S. Armed Forces? (es,na ar unknown) (if yes, give war or dates af	service) SECURITY NO.	VA Hospital Records	ADDRESS
Yes 1/22/53 - 12/3	28/54 2 <b>3</b> 3-48-9973	Baltimore, Maryland 212	18
118. 5 71.0 LOII.	CAUSE OF DEATH		
DISEASE OR CONDITION DIRECT	TLY	cirrhosis of liver-e	arly
(This does not mean the mode of dvi	ng, e.g., (A) IMMEDIATE CAU	ISE with marked fatty ch	anges
heart failure, astheria, etc. It means the injury or complication which caused dec	diseose,		
ANTECEDENT CAUSES	(n) Chroni	a alaahaliam	
DISEASES OR CONDITIONS, if any,	giving DUE TO, OR AS	c alcoholism A consequence of:	many years
rise to the obave cause (A) sta UNDERLYING CONDITION last.	(C)		
11		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED TO THE TO	DUING	onary tuberculosis probabl	y active
DISEASE OR CONDITION GIVEN IN PART 1	A). 3 / PLA	othorax bilateral	traine of
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED TO THE IT DISEASE OR CONDITION GIVEN IN PART 1 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM 21A. ACCIDENT WAS UNDERLYING		YES IN CERTIFYING	E FINDINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., Inhome, form, foctory, street, af		nore City, give exact location)
DEATH (notify medical examiner)	etc.)	fice bidg. INJURY OCCUR?	i
	aut 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	While At Work At Work		
22. I certify that (V (this haspital) at		December 8th 1971 to J	anuary 25th 19 71
		2h 19 71 ond that in (m/) (aur) o	
and hour and from the causes stated			, account on the dule
23A, SIGN ATURE			23 B. DATE SIGNED
	DEGREE Phys		1/26/71
23C.PHYSICIAN'S NAME (Type)	- 0	3900 Loch Raven Bou	
JAYYED	7. A. JHAH DEGREE	Baltimore, Maryland	The state of the s
A. BURIAL CREMATION, 24B, DATE	24C. NAME OF CEMETERY OF CRE		City, lown, or county) (State)
Burial 1/30/11	Whites n	remith Ballem	ul mo.
JAN 28 1971 Black E	NAME OF REGISTRAR	250. FUNERAL DIRECTOR	Mile 1127M. Meura
S 150-REV. 1/1/68		The second of the	- 10 1. will be will

Paris 1/3/17 (celestion) to the transfer of the property of th

## OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20A. DATE OF OPERATION | 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in ar about 22C. WHERE DID (If In Boltimore City, give exact location) home, farm, factory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB 53-00 UTING CAUSE OF DEATH. Tyler Dump 22D. TIME (Month) (Day) 22F. HOW DID INJURY OCCUR? (Hour) 22E.INJURY OCCURRED (Year) OF INJURY (APPROX.) 1-19-71 Fire & explosion from aerosal cans AT WORK 23. I certify that I held an inquiry Inspection Autopsy K and that an this basis, death in my apinion Accident Z Suicide \_\_\_ resulted fram: Natural causes Homicide \_\_ Undetermined manner

24C. NAME of CEMETERY or CREMATORY

Arbutus Memorial

Isidore Mihalakis, M.D.

258, NAME OF REGISTRAR

ACTUAL

24A. BURIAL CREMATION,

REMOVAL (Specify)

Burial

VS 151-REV. 1/1/68

SIGNATURE\_ EXAMINER'S

NAME (Type)

2SA. DATE REC'D BY HEALTH DEPT. .

24B. DATE

/25/7

CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

Arlington S. Phillips

24D, LOCATION

ASSOCIATE MEDICAL EXAMINER

2SC. FUNERAL DIRECTOR

DATE SIGNED

1727 North Monroe St

(City, lown, or county)

Baltimore, Maryland

1 - 22 - 71

(State)

21720-3471

12 in 1/3-/11 allhutu Mine Dr. Gertinia. C. 1/3-/11

VS 150-REV. 1/1/68



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/6B

Duckens, 720. Machine aparatus a hit Strilland st Bereice 1/3/11 listente mongh. Welltings . The alleringter I Shally member

REMOVAL (Specify)

VS 151-REV. 1/1/68

25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

188 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. BIRTH NO. I. NAME OF DECEASED Known 4 2. DATE Month Day Year Hour (Type or Print) Geraldine Beard OF 25 71 6:10 a, Estimated DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Doy Yeor Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) FULL NAME OF 1 25 71 6:10 a.. HOSPITAL OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived, if Institution; residence before admission) MAE. B. COUNTY Union Memorial Hospital 7. RACE 6. SEX 8. MARRIED NEVER MARRIED C. CITY OR TOWN D. INSIDE CITY LIMITS Balto. female. White WIDOWED DIVORCED \_ YES V NOL 9. DATE OF BIRTH 10. AGE (in years If Under 1 Yr, if Under 24 Hrs. E. STREET AND NUMBER last birthday) Months, Days, Hours, Min. 4012 Falls Rd 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? 14A. USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if rettred) 16. WAS DECEASED EVER IN U.S. ARMED FORCES 17. SOCIAL SECURITY NO. ADDRESS 18. INFORMANT (Yes, no or unknown) (If yes, give wor or dates of service) 19. CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A)IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, DUE TO, OR AS A CONSEQUENCE OF: injury or complication which coused deoth.) ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (c). OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL CERTIFI DISEASE OR CONDITION GIVEN IN PART I (A). 20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) yes ZZA. EXTERNAL CAUSE WAS 228. PLACE OF INJURY (e.g., In or obout 22C. WHERE DID (II in Boltimore City, give exocl location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING FOR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Manth) (Doy) (Year) 122E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? OF INJURY WHILE AT NOT WHILE P (APPROX.) WORK AT WORK 23. I certify that I held an Inquiry Autopsy XX Inspection ond that on this basis, death in my apinion resulted from: Notural causes XX Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE 1/25/71 **EXAMINER'S** ASSOCIATE MEDICAL EXAMINER XX Peter Lipkovic, M.D. NAME (Type) 24A. BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION

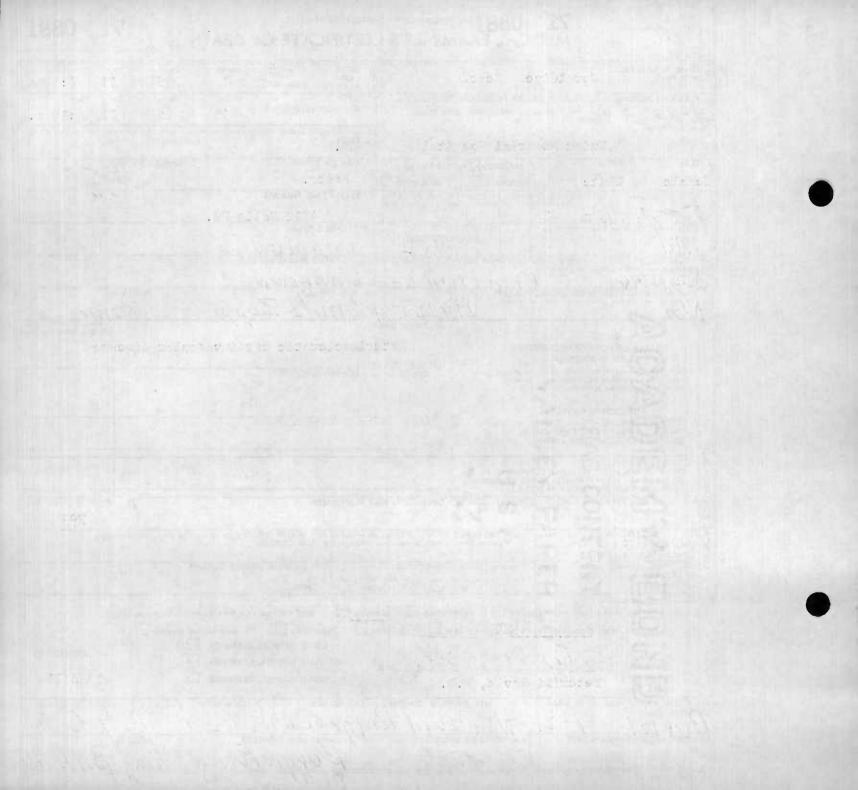
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(City, town, or county)

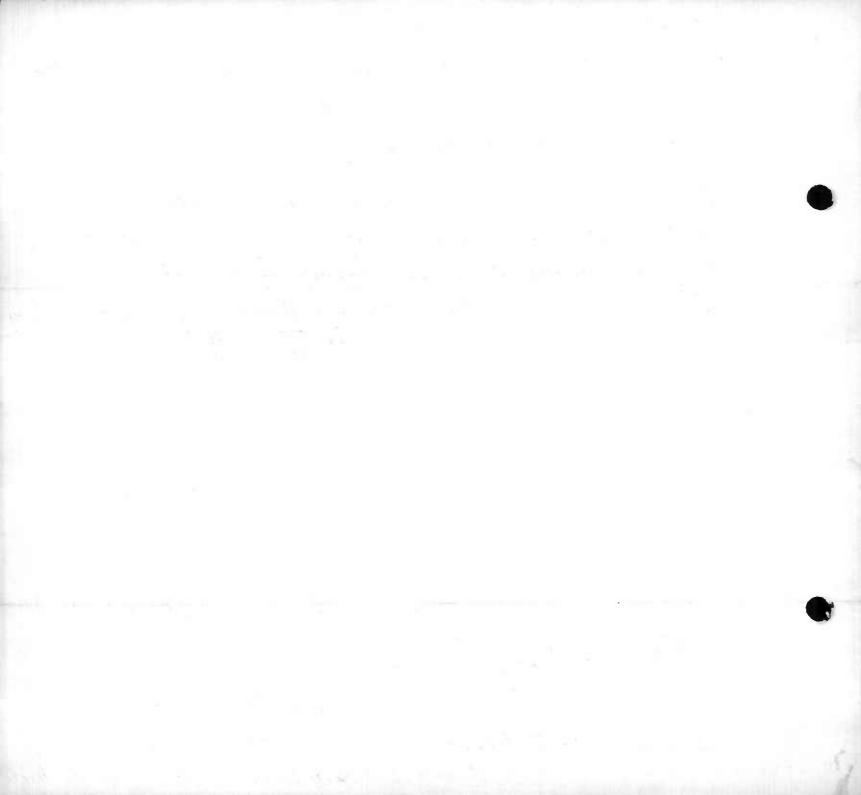
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ADDRESS

(Stote)



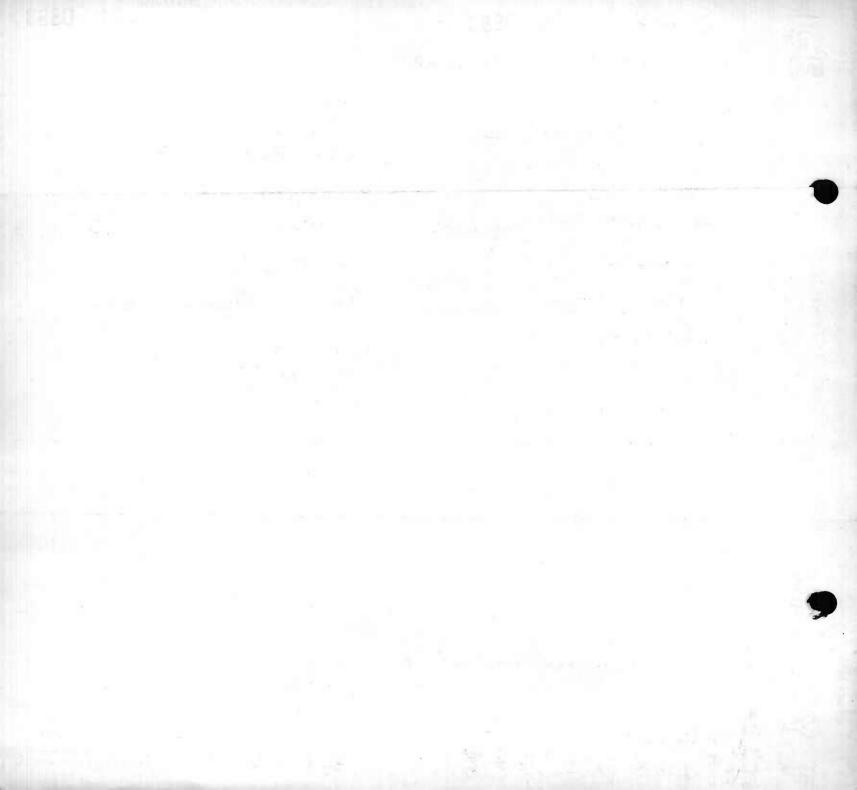
	O BALTIMORE C	TTY HEALTH DEPARTMENT
	17-6/5 514 0000	CATE OF DEATH REG. NO. 71 0882
	Typo or Print	11/5 2. GATE AND HOUR OF DEATH
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where decosed lived. If institution; residence before admission) A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CILY OR TOWN D. INSIDE CITY LIMITS?
	4231 HICKORY Heights Ave	E. STREET AND NUMBER
	5. SEX   6. RACF   17. 11. 11.	4231 HICKORY HEIGHTS AVE
	Female WIDOWED DIVORCED TO	7 1/4/5 1095 lost birthdoy) 76 Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work) 10R. KIND OF BUSINESS OR INDUSTIONS and Marking life, even if retired)	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Accountant Lzundra	MId USA
	Charles Edward Burkins	Elma E Lovett
i	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL Yespio of unknown! (If yes, give wor or doles of service) SECURITY NO.	17. INFORMANT ADDRESS 344
	11/0 - 21624247	OElma M Pomeroy 280/ Glavin Way
	18. 440.9   CAUSE OF DE	ATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(May 1000 Mas 11 )
		AS A CONSEQUENCE OF:
	Injury or complication which caused death.)  ANTECEDENT CAUSES	89
	DISEASES OR CONDITIONS, if any, giving (B) DUE TO, OR	AS A CONSEQUENCE OF:
ı	rise to the above couse (A) sloting the UNDERLYING CONDITION tast (C)	
1.	II .	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1: (A)	
Paleto	DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
100	J 21A ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g. home, form, foctory, street, DEATH (notify medical examiner)	in or obout 21 C. WHERE DID (If In Boltimore City, give exoct location)
	21D-TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
1	(APPROX.) Work At Wo	hile
	22. I certify that (I) (this hospital) attended the deceased from	19 to Muny 12.19
		and that in (my) (our) opinion death occurred on the date
	and how and from the couses stated abave. (1) (We) (did) (did nat)	view/the body after death.
۱	Le Frelkych MAR	Hending CT Med C SLIK C
	NAME (TYPE)	5006 Roland Aug
2	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or county) (Stote)
	13Ux12/ 1-25-71 UxVId Kidg	e Cem Pikesville Balto Co Md
	JAN 28 1971 Kaba & Labor Ma,	Burger Fineral Home B2/to Mcl
V	150-REV, 1/1/68	8 71.1



DIRECTOR:

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VS 150-REV.



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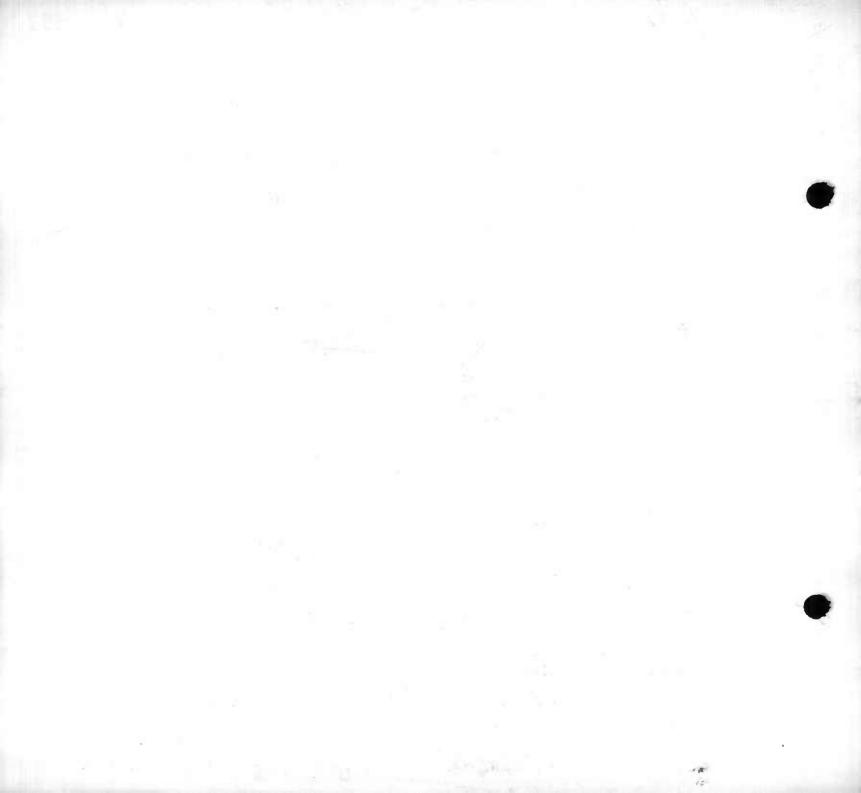
71 0884 BALTIMORE CITY HEALTH DEPARTMENT	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	REG. NO. 71 0884
BIRTH NC. KOUTSOU dAKIS	
THEODORE DAKIS (KOUTSUUDAK)  OF  Estimoted   Januar	Day Year Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 3. DATE Month	У 23, 1971 M. Роу Year Haur
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET PRONOUNCED DEAD Januar	
Baltimore City Hospital (DOA)  S. USUAL RESIDENCE (Where deceased live A. STATE	
Maryland (%)	D. INSIDE CITY LIMITS?
Male White WIDOWED□ DIVORCED□ Baltimore	YES NO DE
9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. If Under 24 Hrs. E. STREET AND NUMBER Months; Days; Hours; Min.	
3-22-76 74 1845 MerrittBoul	award
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF  WHAT COUNTRY?  13. FATHER'S NAME	1 ,
14A-USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME	soudale15
Laborer Road constr. Kallioge Culu	1:
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL 18. INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO. Mrs. Agnes Pakis	11 P. L. W. I
19. CAUSE OF DEATH	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY  Arteriosclerotic cardiovascular	BETWEEN ONSET AND DEATH
LEADING TO DEATH (ANIMMEDIATE CAUSE	disease
(This does not mean the mode of dying, e.g., heart foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	
ANTECEDENT CAUSES (e)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE	
II I INDERLYING CONDITION LAST	***************************************
Ĕ Tanana II	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED	21. AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- Home, form, foctory, street, office bldg., etc.) UNING CAUSE OF DEATH.	NO City, give exoct location)
UTING CAUSE OF DEATH.	
OF INJURY	?
m, WORK AT WORK	
23.	eath in my opinion
resulted from: Natural causes 🛛 Accident 🗌 Spicide 🔲 Homicide 🔲 Undetermine	
CHIEF MEDICAL EXAMINER	
SIGNATURE AND ASSISTANT MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Ronald E. Kornblum, M.D. ASSOCIATE MEDICAL EXAMINER	January 24, 1971
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION	(City, town, ar county) (State)
Burial 1-27-71 Green Orthodox Cometery Balt	imore Md.
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR	ADDRESS
JAN 29 1971 Poles & Jacker M.D. Nicholos T. Mat	thews
VS 151-REV. 1/1/68	The state of the s

(I S. D.) SERVICE SERVICE CONTRACTOR The state of the s STREET THE TENT STREET STREET STREET STREET STREET

11-	163	71		5 BALTIMORE CITY H						
11.		WED	DICAL	EXAMINER'S	CERTIFIC	CATE OF	DEAT	H REG. NO.	174	0885
BIRTH NO	OF DECEASED							KEG. NO.	1 3	
(Type or Pr	rint)	Ann Mary Hu	hhand		2. DATE OF	Known XX	Month	Doy	Yeor	Hour 2 - 2 E
4. PLACE	IN BALTIMORE.			NOUNCED DEAD	DEATH 3. DATE	Estimoted U	1	25	71	3:35 a. M
FULL NAME	OF (IF )	NOT IN HOSPIT	AL OR INSTIT	TUTION, GIVE STREET		INCED DEAD	Month 1	2.5	71	3:35 a.
HOSPITAL OR LASTED	HONT	RESS OF LOCA	TION)	IENDED	5 JISLIAI PI	ESIDENCE (When	a daraarad l			M
	613	N. Cast	le St		A. STATE	ESIDEIACE (Wiles	e deceased i	B. COUNTY	residence	() 4
6. SEX	7. RACE		B. MARRIE	NEVER MARRIED	C. CITY OR			D. INSIDE CI	TY LIMITS?	
fema		ite	WIDOWE		Balto	•		Y	s	NO 🗆
9. DATE O	OF BIRTH	10. AGE (I	n yeors	f Under 1 Yr. If Under 24 Hrs Nonths; Doys; Hours; Min		ND NUMBER				
7/4/	17		3			Castle S	St. (No	rth)		
	LACE (State or for		1:	2. CITIZEN OF WHAT COUNTRY?	13. FATHER'	SNAME				- 44
11	Baltimor					7	ahrad	ka		
done during	OCCUPATION (Commont of working life,	even Ifretired)	14B. KIND	OF BUSINESS OR INDUSTR	Y 15. MOTHER	S MAIDEN NA	ME			
Pa	cker		Gi	bbs & Co.		u	nknow	n		
ié. WAS DI	ECEASED EVER I	N U.S. ARMED	FORCES?	17. SOCIAL SECURITY NO.	18. INFORM	ANT	7	Al	DRESS	
					Lav	rence H	ubbar	d, husl	band,	above
19.	12 4	yen from	874	CAUSE OF DE	ATH					PROXIMATE INTERVAL
	DISEASE OR CON	IDITION DIRE	CTLY	A	rterioso	lerotic o	ardio	vascular		
Int.		TO DEATH		(A)IMMEDIATE						
hearl	does not meon it follure, osthenio,	tc. It meons the	disease.	DUE TO, OR	AS A CONSEQU	UEN CE OF:				
injur	y or complication w	hich coused de	oih.)							
	ANTECEDEN			(B)						
DISE	ASES OR CONDI	TIONS, IF ANY	, GIVING	(B)DUE TO, OR	AS A CONSEC	WENCE OF:				***************************************
Z UND	TO THE ABOVE COND	ITION LAST.	IINO INE	(c)						
<u> </u>    <u> </u>		11		(0/						
NO THE TO	ER SIGNIFICANT CHE DEATH BUT NO	ONDITIONS CO	NTRIBUTIN			T			- 1	
E DISE	ASE OR CONDITIO	N GIVEN IN PA	ART I (A).	Our Coll :		Intoxica	tion			***************
₩ 20A. D	ATE OF OPERATION	ON 208. CON	IDITION FO	OR WHICH OPERATION W	AS PERFORM	ED			21. AUTO	PSY? (Yes or No)
										yes
S 22A.	EXTERNAL CAUS		22	B. PLACE OF INJURY (e.g., me, form, loclory, street, office	in or obout 22	C. WHERE DID	(II in Boltimo	re City, give exo	ct location)	2,
品 UTING	CAUSE OF DI	ATH.		Home	e prog.º e.c.) II.	613 N.	Castle	St.		
≥ 22D. T		(Doy) (Year	) (Hour)	22E.INJURY OCCURRED	22	F. HOWDID IN.				
(APPRO		1 1	Jnk. m	WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	WHILE WORK	Faulty	heater			
23.										
				Inspection A	topsy (A	and that on th	ils basis,	death in my	opinion	
	resulted fram:	Natural caus	565 XX //	Accident Suici	de 🔲 Hai	micide 🔲 🔠	Undetermi	ned manner		
	CTUAL	M	. //	INTITT	C	HIEF MEDICAL E	XAMINER			
	CTUAL GNATURE	AU	IM	NYMM	ASSIS	TANT MEDICAL E	XAMINER			DATE SIGNED
11	AME (Type)	eter Li	pkovio	e, M.D.	ASSOC	CIATE MEDICAL E	XAMINER	⊠k	1	/25/71
24A. BURIA REMOVAL	L CREMATION,	24B. DATE		24C. NAME of CEMETERY	or CREMATO	RY 24D. I	OCATION	(City, lown,	or county)	(Stote)
Bu	rial	1/28/	71	Holy Redeeme	er Ceme	terv	Balt	imore.		
25A. DATE	REC'D BY HEALTH			ME OF REGISTRAR				,		
JAN	129 37	Fabrus .		Last Resp.	Sc	himunek	Fune	ral Hot	ne, II	nc.
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Letter from M.E.'s office 3-15-71 M.H. 3-24-71 M.H.

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	e approved by the chief medical examiner or his assistant if death occurred a to the hospital by a medical examiner. Also, if the direct or contributing of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cotal (except where the physician who pronounced death was in regular of th); and (6) No physician was in regular attendance on the deceased print be obtained before the remains are embalmed or final disposition is made.	
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	ody O.O.O.	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Sucl written approval must be obtained before the remains are embalmed or final disposition is made.	
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0	20	000	BALTIMORE CITY	HEALTH DEPARTMENT		71	0997
-0-	71 0	887	CERTIFICA	TE OF DEATH	REG. NO	1/1	UGQ
NAME OF DE	CEASED			DO DATE AND	D HOUR OF DEATH		
Type or Print)	Oppa ?	Smeth .			6/7/	18	2-45 P.M
3. PLACE IN BA	LTIMORE MARYLAND, V	WHERE PRONOUN	CED OEAD	A STATE B COUNT	deceased lived. If in	stitution: tesider	nce before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	TAL OR INSTITUTION	ON, GIVE STREET	mgr//anc	D. INSI	DE CITY LIMITS	,
37	MER	RCY		E. STREET AND NUMBER	es St.	YES	NO []
SEX	6. RACE	7- MARRIED	NEVER MARRIED	& DATE OF BIRTH	. AGE (In years	If Under 1 Y	te Il Under 24 Hrs.
F	W	WIDOWED	DIVORCED	10/2/94	ost birthdayl	Months Doy	s Haus Min.
	UPATION (Give kind of wo		ISINESS OR INDUSTRY	11. BIRTHPLACE (Stole at foreig	n country)	12. CITIZEN	OF WHAT COUNTRY
59/65	working life, even if refired)		ment Store	West Kingi	nia	45	7.
3. FATHER'S NA	ME	7		14. MOTHER'S MAIDEN NAM	AE .		
Julus	Costell	la.		Unknown			
5. Wes Deceses	d Ever in U. S. Armed Fo	ree? 16	SOCIAL	17. INFORMANT		AOI	DRESS
No	n) (If yes, give war or do		SECURITY NO.	David A Smil	- h 5648 B.	ray Fi	eld Rd
118.	001101	190	CAUSE OF DEAT	Н	4 22 27 2 12 1	API	PROXIMATE INTERVAL
DISEA	SE OR CONDITION D	RECTLY		1		BETWI	EEN ONSET AND DEATH
	LEADING TO DEATH		(A)IMMEDIATE CAL	ISE Pamble M	I.		
(This does	not mean the mode o	f dying, e.g.,	DUE TO, OR AS				
	Injury or complication which caused death.)  ANTECEDENT CAUSES  Old Pul. TB.						
	ANTECEDENT CAUSES				•	1	
DISEASES	OR CONDITIONS. IF	anv. dvina	DUE 10. OR AS	A CONSEQUENCE OF:			
rise to th	rise to the above cause (A) stating the						
UNDERLYIN	G CONDITION fast.		(c)				
TO THE DEA	II FICANT CONDITIONS CO TH BUT NOT RELATED TO	THE TERMINAL					
19A.DATE O	P OPERATION 198 CO	NOTION FOR WH	20A-AUTOPSYZ (Yes or No.	208, IF YES, WERE IN CERTIFYING CA	FINDINGS CO	NSIDEREO	
19A.DATE O	WAS PE	RPORMED		No.	IN CERIFING CA	OSES OF DEAL	int
OR CONTRIB	ENT WAS UNDERLYING UTING CAUSE OF y medical examined	218, PL home, elc.)	ACE OF INJURY (e.g., i farm, factory, street, a	n of about 21C, WHERE DID fice bidg, INJURY OCCUR?	(If In Bollimer	e City, give exo	oct location)
OF INJURY	(Month) (Doy) (Year	(Hous) 21 & IN	JURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?		
(APPROX.)		While	At Work	• 🗆			
	1 40 4 1 0 1 0 0				9 7 Dto]	126	1 10 57
	y that (1) (this hospita		deceased from			7	19_7/_
that (i) (we	) last saw the deceas	ed allve on			it in(my) (aur) api	nion death a	tcurred on the dat
and have as	nd fram the causes ste	ated above. (1) (	We) (did) (did not)	riew the body after death.			
23A. SIGNAT	URE	11			,	23B. DATE SI	GNED
11 13		Khurn	Dhu	nding Med.	Stoff Phys.	1/21	6/7/
23C. PHYSICI NAME (	AN'S (Typel Ky )	L K	LWTM.D	230. AODRESS Mercy	Hosp.		1
24A. SURIAL CR		24C. NAM	DEGREE	EMATORY 124D. LO	CATION (C	ity, town, or car	untyl (State)
24A. SURIAL CR REMOVAL	(Specify)	121		1 1	14 *	.40	./. 1
Burio		111/051	ain i (arkl	emetery Ba	1Timore	Mary	land
25A. DATE REC'	O BY HEALTH DEPT.	258, NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		, ,	ADDRESS
MN 29	1077 P. R. B	S COLLAR	ED!	OHB bAS OTM	132854/	huy S	p. 15d.
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the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

IMPORTANT

FUNERAL DIRECTOR:

Veul	מת מיים	889	BALTIMORE CITY	HEALTH DEPARTMEN		F14 0000	
BIRTH NO.	/1 00	000	CERTIFICA	TE OF DEATH	H REG. NO		
I. NAME OF DECE	ASED	Do	rothy, M. Krop	felder 2. OAT	E AND HOUR OF PEAT	Yan a	
type of runn	Kroptelder	, D	orothy		27/4/61	1 2 00 A	
3. PLACE IN BALTI	MORE MARYLANO, WHER	E PRONO	UNCEO OEAD	4. USUAL RESIDENCE (	Where deceased lived, If	institution: residence before admission	
FULL NAME OF	(IF NOT IN HOSPITAL	OR INSTIT	UTION, GIVE STREET	Maryland B	altimore Co	53-0	
NSTITUTION	SPITAL OR ADDRESS OR LOCATION)			C. CITY OR TOWN Du	ndalk D. IN	ISIDE CITY LIMITS?	
				Baltimore		YES NOW	
(3/	4940 EasternA			E. STREET AND NUMB			
	Baltimore, Ma		707			1222	
		WARRIED	NEVER MARRIED	8-7-23	9. AGE (in years lost birthday)	7 Months Days Hours Min	
Female		IDOWED					
	PATION (Give kind of work 108, orking life, even if retired)	KIND OI	F BUSINESS OR INDUSTRY	11. BIRTHPLACE  State of	foreign country)	12. CITIZEN OF WHAT COUN	
lousewife				Maryland		USA	
3. FATHER'S NAM	E			14. MOTHER'S MAIDEN	NAME		
Ant	thony Dopkowski	,Sr.		Mary An	n Augustynial	K	
	Ever in U. S. Armed Forces? Of yes, give war or dotes of		16. SOCIAL	17. INFORMANT		AODRESS	
No	Uf yes, give war or doles of	service)	219-12-5958	BCH RECORDS		stern Avenue	
118. 7 9 14			CAUSE OF DEAT		Baltimo	re Maryland 21224	
DISEASE	OR CONDITION DIRECT	n v				BETWEEN ONSET AND DE	
	EADING TO DEATH			Carolond	Buokin	4860	
		ng. e.c.	(A) IMMEDIATE CAL		anoxia	70113	
heart failure, a	(This does not mean the mode of dying, e.g., DUETO, OR AS A CONSEQUENCE OF:						
1	lication which caused dea	mJ	1 mas/		1	1. 4 0/0	
The same of the same of the	ANTECEDENT CAUSES (B) (COCK			Vascu	(ar embo	or today	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS rise to the above cause (A) stating the			A CONSEQUENCE OF	1.	Destalia	
	UNDERLYING CONDITION last (c)			natic heart	disease wil	postació	
	ii .						
OTHER SIGNIFIC	CANT CONDITIONS CONTRI						
IDISEASE OR CO	BUT NOT RELATED TO THE TO INDITION GIVEN IN PART 1	A).					
	OPERATION 198 CONDITION WAS PERFORM	ON FOR	WHICH OPERATION	20A AUTOPSYZ (Yes	or No. 208. IF YES, WES	E FINDINGS CONSIDERED	
0				10			
OR CONTRIBUT	T WAS UNDERLYINO CAUSE OF	218 horr	PLACE OF INJURY (e.g., ine, form, foctory, street, o	n or about 21 C. WHERE DI	ID (II in Baltin	nare City, give exact lacation)	
DEATH Inotily	medical examined	etc.					
21D.TIME OF INJURY	(Month) (Day) (Year) (H	out 21E	INJURY OCCURRED	21f. HOW DIE	INJURY OCCUR?		
(APPROX)		Wh	ile At D Not While				
	. XXX			-23-71	71 1-	27-71 71	
	that (t) (this hospital) at		1-27-71	7/1	19to	19	
that (1) (we)	last saw the deceased a	live on_	J C. / - / J.	19an	id that Jai(Ney) (aur) a	pinian death accurred on the o	
and hour and	from the causes stated	above.	l) (We) (did) (did not)	lew the body after de	oth.		
23A. SIGNATUR	16	/1/1	\			238. DATE SIGNED	
10	11-2000	Me	a_ MR Ath	inding Med.	Staff Phys.	1-27-1971	
23C.PHYSICIA	VS V	V	DEGREE	220 4000555			
NAME (Ty	RUSSELL HARRIS	5			Baltimore Cit 1940 Eastern Baltimore, Ma	Avenue 22224	
AA. BURIAL CREA	MATION, 124B. DATE	DAC N	AME of CEMETERY of CR			aryland 21224 (City, town, or county) (Stote	
REMOVAL (S	1/30/71						
Burial			Lawn Cemeter	У	Bal	timore, Maryland	
25A. DATE REC'O	BY HEALTH OFFT. 25	NAME	OF REGISTRAR	25C. FUNERAL OIRE	CTOR	ADORESS	
JAN 29 1	3/1 10000 5	14014		O ogan S. In	089 7982 Wise	Ave. Dundalk, Md	
VS 150-REV. 1/1/6	8						

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VS 150-REV. 1/1/65

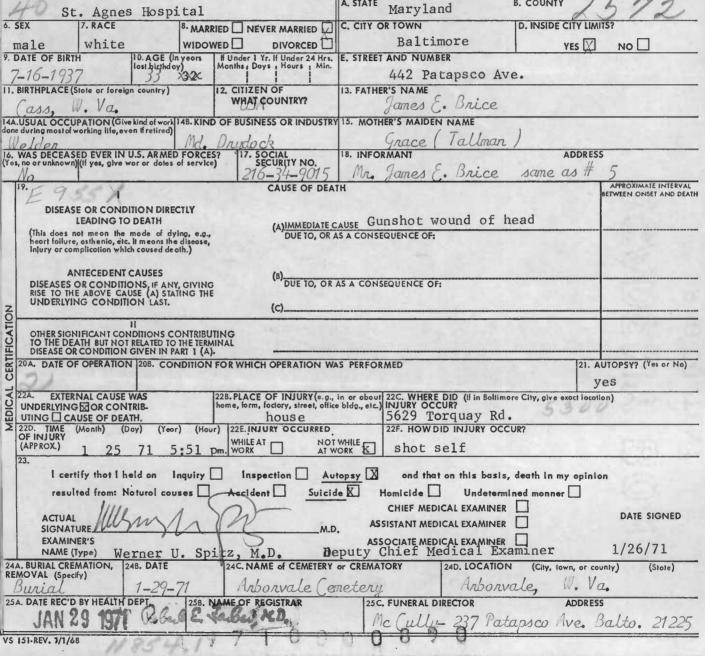
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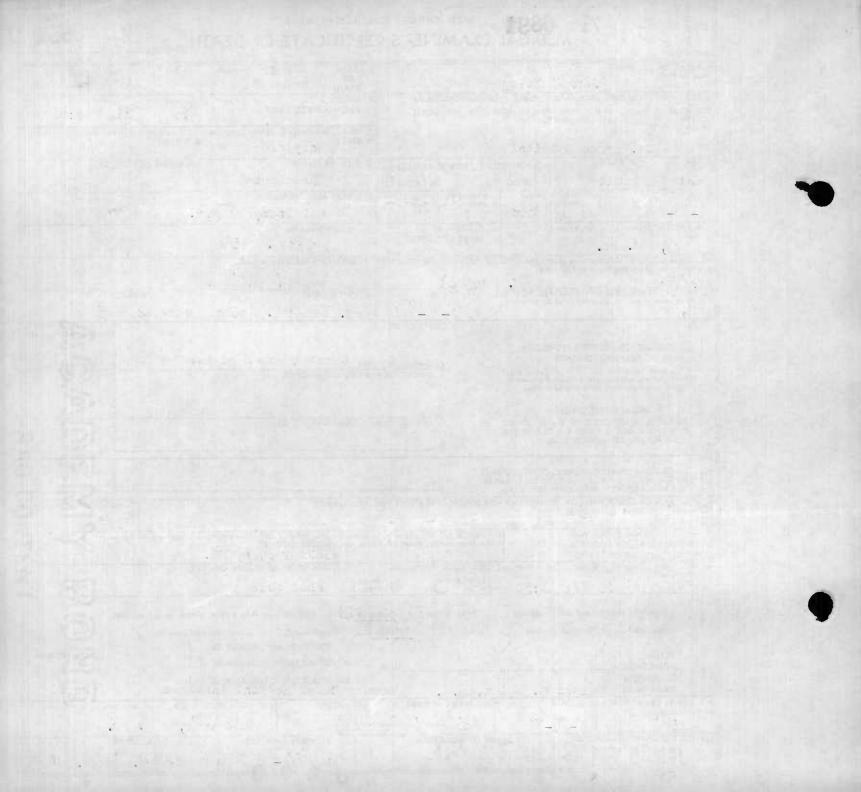
DIRECTOR:

FUNERAL

BALTIMORE CITY HEALTH DEPARTMENT deceased lived. If institution; residence Ili outside city limits, write RURAL and give township) II Under 1 Yr. Il Under 24 Hrs. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? Baltimore PREMaryland INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location) ond that in((my) (our) opinion death accurred on the date 23B. DATE SIGNED town, or county) Baltimore, Maryland John J. Duda. 2829 Hudson St. Balto. Md.

4437 HARFORD YL Male White ... 0725189 79



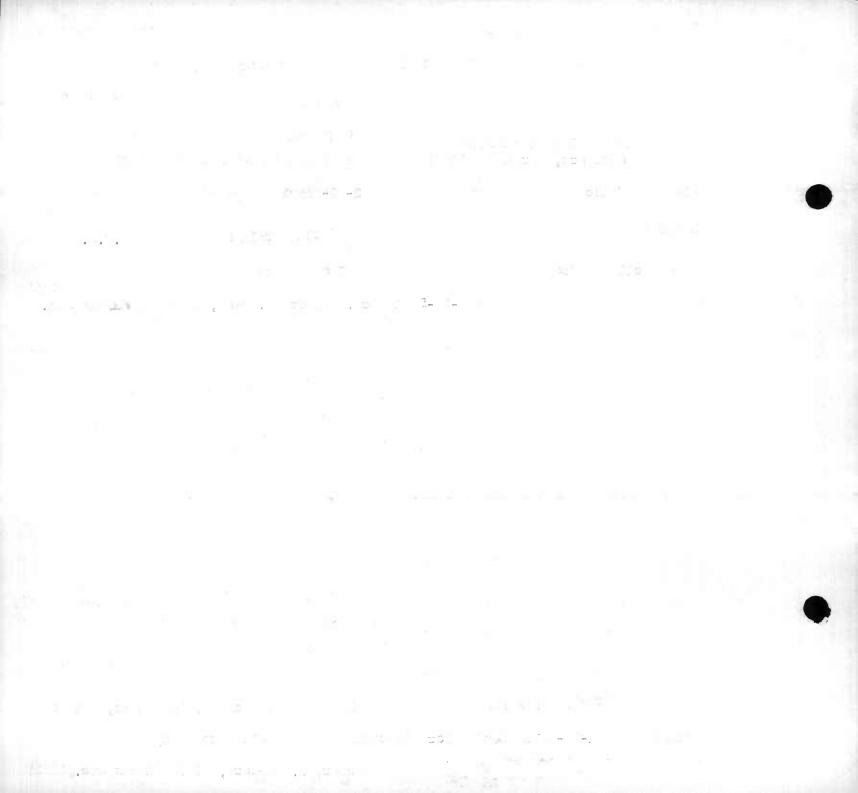


K-613	3 71	08	92 CERTIFICA	TE OF DEA		71 0892
1. NAME OF DE (Type or Print)	CEASED KRAFTY, Har	old Alb			ATE AND HOUR OF DEA	TH /(80
3. PLACE IN BA	LTIMORE, MARYLAND, V	VHERE PRON	OUNCED DEAD	4. USUAL RESIDENCE	1/25/71 E (Where decoosed lived. )	If institution: residence before admission
FULL NAME OF	F (IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTI	TUTION, GIVE STREET	Maryland	COUNT	1606
100	Veterans Admir	nistrat	ion Hospital			NSIDE CITY LIMITS?
72	3900 Loch Rave	en Boul	evard	Baltimore		YES Y NO
00	Baltimore, Mar	ryland	21218	2656 Edm	ondson Avenue	
S. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hr. Months: Doys Hours Min.
Male	White	WIDOWE	DIVORCED [	3/11/09	lost birthdoyl	Months Doys Hours Min.
OA. USUAL OCC	UPATION (Give kind of work working life, even if refired)	108, KIND C	F BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote	or foreign country)	12 CITIZEN OF WHAT COUNTR
Watchma		Insu	rance Co.	St. Cloud	Minnesota	TICA
3. FATHER'S NA	ME	1		14 MOTHER'S MAID	EN NAME	USA
Joseph F	(raf <b>by</b>			Anna Powe]		
	d Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	VA Hospital		ADDRESS
YES	11/28/32 - 7	/22/45	214-26-4629	3900 Loch R	aven Blvd., B	alto. Md 21218
18.	4 I		CAUSE OF DEATH			APPROXIMATE INTERVAL
DISEA	SE OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEAT
(This does	not mean the mode of	dving a -	(A) IMMEDIATE CAU	se Carcinom	a of lung	6 months
hearl lailuie,	osthenia, etc. It means	the disease	DUE TO, OR AS A	CONSEQUENCE OF:		
		death.)				
	ANTECEDENT CAUSES		(B)	*******************		
rise to th	OR CONDITIONS, ii e above cause (A)	any, giving slating the	DUE TO, OR AS	A CONSEQUENCE OF		
UNDERLYIN	G CONDITION last.	-tutting into	(c)			
-	11					
OTHER SIGNI	FICANT CONDITIONS COI TH BUT NOT RELATED TO THE CONDITION GIVEN IN PAR	T 1 (A).	***************	clerotic he		
19A. DATE OF	OPERATION 198 CON WAS PERF	DITION FOR	WHICH OPERATION	NO	OF No.) 208, IF YES, WER	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBI	NT WAS UNDERLYING UTING CAUSE OF medicol examined	21 l hor etc	3. PLACE OF INJURY (e.g., in no, farm, factory, street, offi J	or obout 21 C. WHERE ce bldg., INJURY OCC	DID (If In Boltin	nore City, give exect location)
21D. TIME	(Month) (Doy) (Yeoi)	(Hour) 21 E	- INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
IAPPROX.)		WI	hile At Not While			
22. 1 constitu	shoe / / (shie bearing)			ntowhere 2-1	10 P2	
that My (we)	last sow the deceose	d office on.	January 25th	19 71	and that in (mg) (our) o	nuary 25th 19 71 pinion death occurred an the date
ond hour an	d from the couses stat	ed obove.	(We) (did) (did) /g/d /g/) vi	ew the body ofter d	enth.	
23A. SIGNATU	JRE			boay oner d		238, DATE SIGNED
		6	Affen	ding Med.	Staff Phys.	
23C. PHYSICIA	N'S	4)	DEGREE Phys.			1/26/71
NAME (1	YOUNG I	CHIM	, M.D.	3900	Loch Raven B	
4A. BURIAL CRE			AME of CEMETERY OF CREA	Balt	imore, Maryla	
REMOVAL (	Specify)	Tuth	eran Trinity C			City, town, or county) (Stote)
Buria1	1-29-7	1			Taneytown, M	[aryland
DAIE REC'D		25B, NAME	OF REGISTRAR	25C. FUNERAL DIR		ADDRESS
TAM VO						Wilkens Ave. 21229

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

Baltimore

U.S.A.

ADDRESS

21227

21229

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

NOK

the second secon grand proper filter The second of th group that year of a present of an experience which were will be proper it down

DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68

///-/// 11 0000	CERTIFICATE OF DEATH 71 0898	
BIRTH NO.	CERTIFICATE OF DEATH REG. NO. 11 USSO	
1. NAME OF DECEASED	2. DATE Known XX Month Day Year Hour	
Lila Wilkerson	OF DEATH Estimated □ 1 17 71 8:58 p	₩.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 1 17 71 8:58 p	·M.
Johns Hopkins Hospital	5. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.	
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
female Negro WIDOWED DIVORCED	Balto. YES W NO	
9. DATE OF BIRTH 10. AGE (In years II Under 1 Yr. II Under 24 Hrs. Months, Doys, Haurs, Min. 78	E. STREET AND NUMBER 1319 N. Washington St.	
11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  14A.USVAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTR	13. FATHER'S NAME  WOOD SON HUNT	
dane dufing most of working life, even if retired)  AMESTIC  At home	UNKNOWN	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)(II yes, give wor ar dotes of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS	
119. CAUSE OF DEA	VENNIE HO.WKINS 1319 N. WashINGTONSt.	A 1
4/2,41	BETWEEN ONSET AND DE	ATH
LEADING TO DEATH	rteriosclerotic cardiovascular disease	
(A)IMMEDIATE	CAUSE  AS A CONSEQUENCE OF:	
UNDERLYING CONDITION LAST.	R AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION   20B. CONDITION FOR WHICH OPERATION W		
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION W	VAS PERFORMED  21. AUTOPSY? (Yes or No	5
Ō	no	
22A. EXTERNAL CAUSE WAS UNDERLYING ⚠ OR CONTRIBUTING ☐ CAUSE OF DEATH.	., in ar about 22C. WHERE DID (If in Baltimare City, give exact location) ice bldg., etc.) INJURY OCCUR?	
22D. TIME (Manth) (Day) (Year) (Hour) 22E.INJURY OCCURRED OF INJURY OCCURRED (APPROX)	22F. HOW DID INJURY OCCUR?	
23.		
I certify that I held on Inquiry Inspection XX Au		
resulted from: Natural courses XX Accident Suici	ide Homicide Undetermined manner	
ACTUAL TIN I I TATE	CHIEF MEDICAL EXAMINER L	
SIGNATURE TO THE TOTAL OF THE T		
EXAMINER'S Peter Lipkovic, M.D.		
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY REMOVAL (Specify)	Y or CREMATORY 24D, LOCATION (City, town, or county) (State)	
Removal V-21-71 Belton Cree	Klenetery Oxford, N.C.	
25a. DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS  ADDRESS  ADDRESS  ADDRESS	
VS 151-REV. 1/1/68	The state of the s	=

chicago and the transport of the property of the Rundwist 1021-71 Super Countingway Expend, 1862-

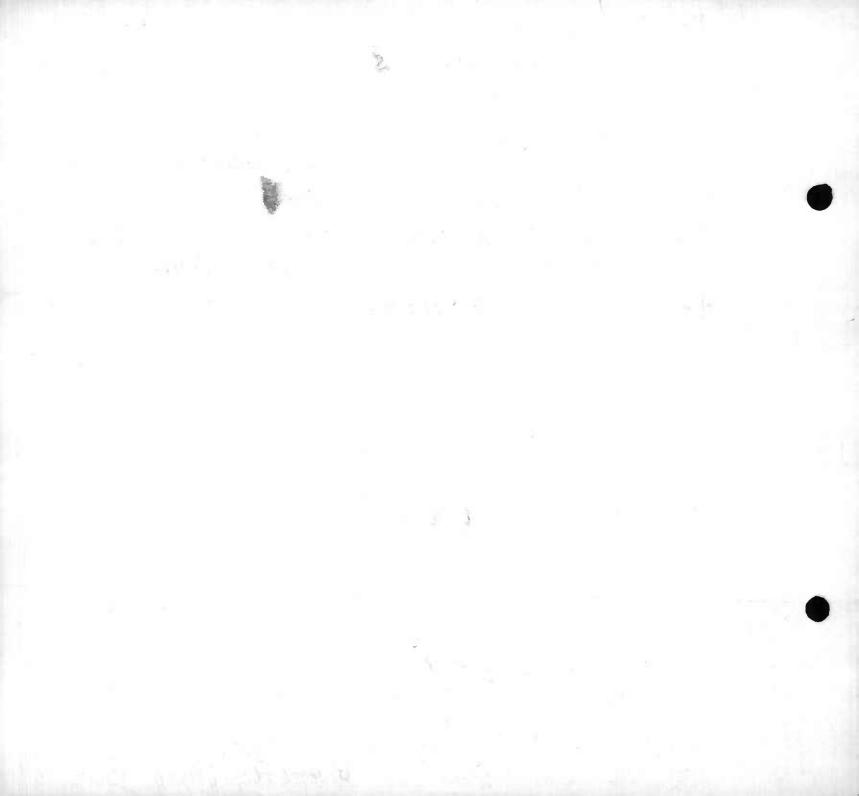
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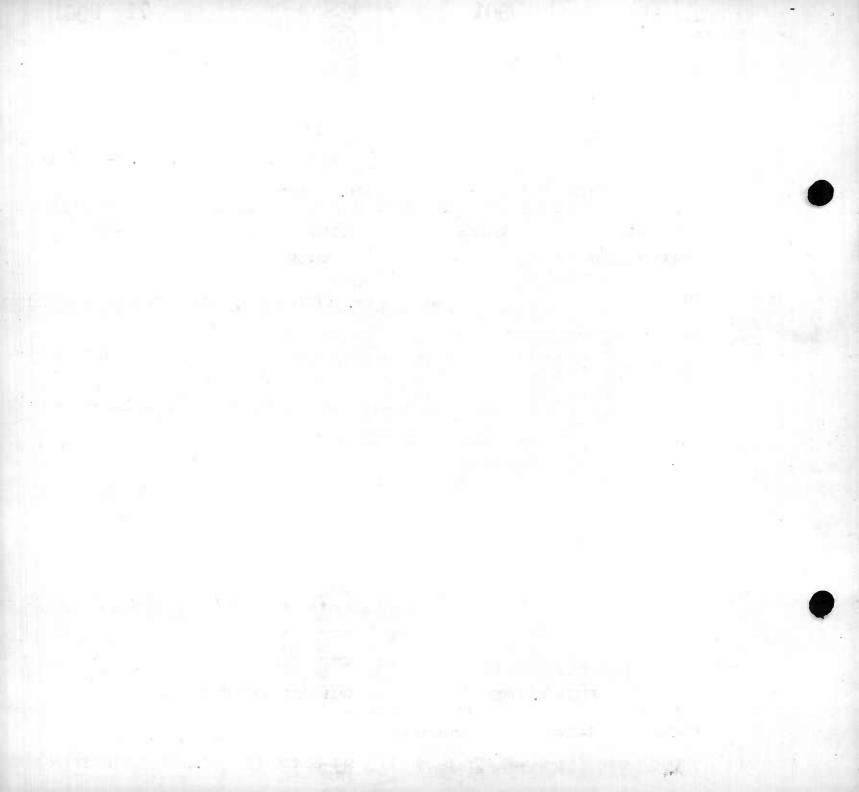
6	R-2h 71 08	98 BALTIMORE CITY	HEALTH DEPARTMENT	71 0898			
1	TH NO. MATTI Carolina	CERTIFICA	TE OF DEATH REG. P	vo. 71 U898			
	De or Print Lyngte Battl	6,	2. DATE AND HOUR OF	DEATH '20 RM			
3, 1	PLACE IN BALTIMORE, MARYLAND, WHERE PR	ONO UN CED DEAD		ed. If institution: residence before admission)			
FU! HO IN S	LL NAME OF (IF NOT IN HOSPITAL OR II ADDRESS OR LOCATION)	NSTITUTION, GIVE STREET	MD BALTIMORE C. CITY OR TOWN	D. INSIDE CITY LIMITS?			
5	1 1 1	wore Inc.	E. STREET AND NUMBER.	YES NO			
5. 5	EX 6. RACE 7. MAR	12/2/	8. DATE OF BIRTH 19. AGE (In yes	2/2/J			
E 7	WIDO	WED DIVORCED	11/28/69 dest biringey)	Months Doys Hours Min.  12. CITIZEN OF WHAT COUNTRY?			
done	e during most of working life, even if retired)  N  FATHER'S NAME	N/A	North Carolina				
2	more Michael	ANTHON Bott	e, Bithe Battle				
Yes,	Was Deceased Ever in U. S. Armed Forces? , no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	INZ Phillip	R Balt Md			
	18. 751.51	CAUSE OF DEATH		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
5	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		- Idean and and GI	T. CNS			
	lThis does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., OSe, DUE TO, OR AS	CONSEQUENCE OF:	7,000			
	injury at camplication which caused death.)  ANTECEDENT CAUSES	1	te Bilianie Atreja				
	DISEASES OR CONDITIONS, if any, ai	ving (B) Cruy(C) DUE TO, OR AS	A CONSEQUENCE OF:	**************************************			
	rise to the above cause (A) stating UNDERLYING CONDITION last.	(c)	V				
NO	 OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMIN	NG Paraget	ie Keert Farling : Se	42614			
	DISEASE OR CONDITION GIVEN IN PART 1 (A).						
ERTE	WAS PERFORMED		IN CERTIFYIN	WERE FINDINGS CONSIDERED IG CAUSES OF DEATH?			
	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Indiffy medical examiner	21B. PLACE OF INJURY (e.g., in home, form, factory, street, oli etc.)	or about 21 C, WHERE DID (If In E	Solitmore City, give exact location)			
1 3	21D.TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	While At Not While Work At Work	21F. HOW DID INJURY OCCUR?	/			
	22. 1 certify that (1) (this hospital) attended the deceased fram						
	that (1) (we) last saw the deceased alive an						
	and haur and fram the causes stated obove. (1) (We) (dtd) (dtd not) view the body after death.  23A. SIGNATURE						
	Laquela M.O	V	ding Med. Staff Phys.	23B, DAYE SIGNED			
	Osky ba Larryla	DEGREE	3D. ADDRESS Hop. of Balt	-5.			
24A.	BURIAL CREMATION, 24B. DATE 24	C. NAME OF CREATERY OF CREATERY	MATORY 24D. LOCATION	(City, town, or county), (State)			
E	runia 1-24-71	Branklem (	emetere Markens	le nashla. M.C.			
25A,	JAN 29 1971 P. S. S. NA	ME OF REGISTRAR	25G FUNERAL DIRECTOR	B ADDRESS ON O			
VS 1	50-REV. 1/1/68	AND AND AND	A DO OFFICE	Ballinery May			

My company of the com THE PROPERTY OF THE PROPERTY O

1 -4/2 CEPTIFIC	ATE OF DEATH REG. NO. 71 0900
I. NAME OF DECEASED Kelhaugh Lillian	1. 27-71 14.10 P.
3. PLACE IN BALTIMORE, MARYLAND, WHILE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)  INSTITUTION	A. STATE B. COUNTY  MARYLAND  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
THE UNION MEMORIALHOUTH	E. STREET AND NUMBER  3339 KOLAND AVEN. APT: 712
5. SAX  6. RACE  7. MARRIED NEVER MARRIED  10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUST.	8. DATE OF BIRTH 9. AGE (in years last birthdoy) 69. Months Doys Hours Min.
done during most of working life, even if retired)  Clevica (Uorner Country Clob)  13. FATHER'S NAME	MARYZAND USA
DAVID WILLIAM STANBAUGH	CATHERINE PHIPPS.
15. Was Deceased Ever in U. S. Armed Forces? (Tes. no or unknown) [If yes, give wor or dotes of service)   16. SOCIAL SECURITY NO. 2 /7 07 73 76	17. INFORMANT  GRACE STANBAYOH. ADDRESS  OF AND AND ADDRESS  OF ADDRES
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  [This does not meen the mode of dying, e.g., (A) IMMEDIATE C.	BETWEEN ONSET AND DEATH
heart failure, osthenio, etc. It means the disease, injury or complication which caused deoth.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stolling the UNDERLYING CONDITION tost.	Achiete Cardin Vascular Shance
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A),	Gnt/43
194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED CONTRACT OF INJURY 1.5	20A. AUTOPST? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OP DEATH?  In or obout 21G. WHERE DID (If In Boltimore City, give exect location) office bidg., INJURY OCCUR?
DEATH (notify medical examiner)  21D.TIME (Month) (Doy) (Tead (Hour)  21D.TIME (Month) (Doy) (Tead (Hour)  While AI Not Whork  At Work	21F. HOW DID INJURY OCCUR?
22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last sow the deceased alive on	1. 97 7/ 19 to / 27 7/ 19 19 19 19 19 19 19 19 19 19 19 19 19
negare Ph	thending Med. Stuffs 238, DATE SIGNED
NAME (Type) MACHONOS ALI KHAN W	23D. ADDRESS NION MEMORIAL HOSPITAC
TREMOVAL (Specily) 30. (And 71 D)	an Pikesulle Bato Co My
TAN 29 WAY OR BE TOBESTED O	Burger Francial Frame Bato, Md



VS 150-REV. 1/1/6B



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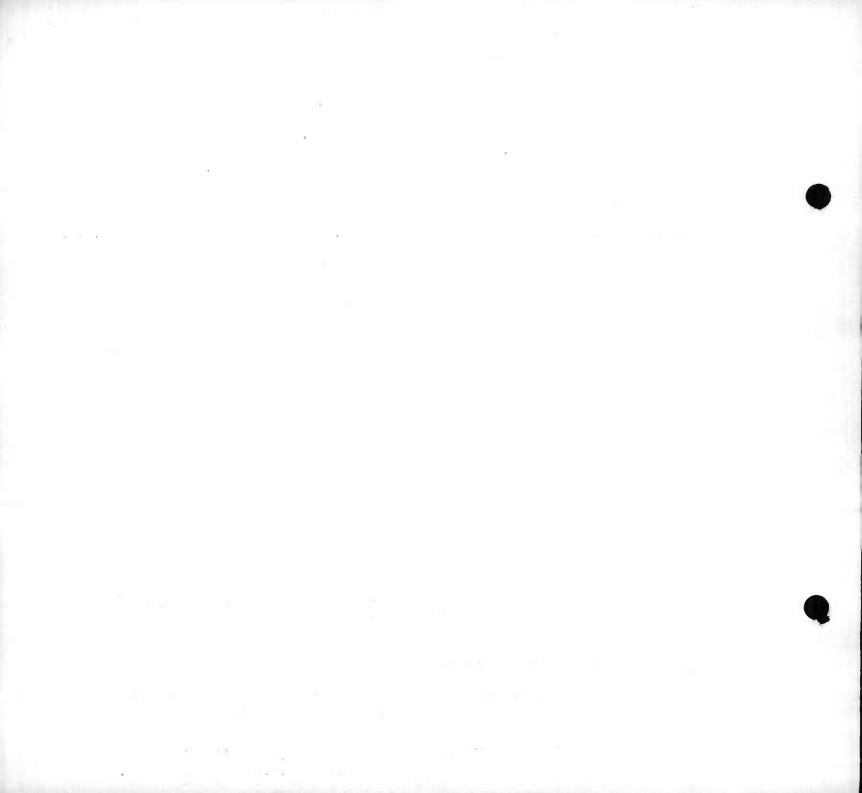


VS 150-REV. 1/1/68



y y 1 7 . Kinn K West Dollar - Walter 

1/200		BALTIMORE CIT	HEALTH DEPARTMENT		71 0906		
BIRTH NO.	71 0906	CERTIFICA	TE OF DEATH	REG. NO	71 09,06		
1. NAME OF DECEASED (Type or Print)	Norman Pete	erson		ND HOUR OF DEATH			
3. PLACE IN BALTIMORE, MA	RYLAND, WHERE PRONO	UNCED DEAD	14. USUAL RESIDENCE (Who	27-71	institution: residence before admissio		
	'IN HOSPITAL OR INSTIT		Md.	NIY	SIDE CITY LIMITS?		
			Balto.	0. 114	YES NO		
0 0 832 Edm	ondson Ave.		E. STREET AND NUMBER		123 00 110		
5. SEX 6. RACE	7. MAPPIED	NEVER MARRIED	832 Edmondso	9. AGE (In years	16 Hadas 1 Va 16 Hadas 04 (6)		
Male Negro	WIDOWED	DIVORCED	1-18-01	lost birthdoyl	If Under 1 Yr. If Under 24 Hr Months Doys Hours Min.		
done during most of working life, ev	en if relired	BOSINESS OR INDUSTRY	Va.	eign country)	U.S.A.		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	0.54.		
Thomas Po			Mary				
15. Was Deceased Ever in U. S. (Yes, no or unknown) (If yes, give NO	Armed Forces? wor or dotes of service)	SECURITY NO.	Ellen Peterso	n	ADDRESS		
18, , / / 2 , / 1		CAUSE OF DEAT	<u> </u>		APPROXIMATE INTERVAL		
DISEASE OR CONI LEADING T (This does not meen the heart foilure, asthenia, etc.)	O DEATH	(A) MMEDIATE LATE DUE TO, OR AS	ECSENTED OF:	138 ASE	BETWEEN ONSET AND DEAT		
injuly of complication wh	ich caused death.) T CAUSES		100				
DISEASES OR CONDITIONS TO THE OBOVE OF UNDERLYING CONDITION	ouse (A) slaling the	(C)	A CONSEQUENCE OF:	<del></del>			
O OTHER SIGNIFICANT COND	TIONS CONTRIBUTING						
TO THE DEATH BUT NOT RED DISEASE OR CONDITION GI	LATED TO THE TERMINAL	*****					
OTHER SIGNIFICANT COND TO THE DEATH BUT NOT RED DISEASE OR CONDITION GI 179A. DATE OF OPERATION 121A. ACCIDENT WAS LINE	198 CONDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED		
OR CONTRIBUTING CAL	PERLYING 21 R. ISE OF hom etc.)	e, form, foctory, street, of	or obout 21C. WHERE DID fice bidg., INJURY OCCUR?	(If In Boltimo	re City, give exact location)		
21D.TIME (Month) (D OF INJURY (APPROX.)	Whi	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
	Wor		4				
	22. I certify that (I) (this hospital) attended the deceased from 018 1970 to 30 1921 that (I) (we) last saw the deceased alive on 30 14 26 1971 and that In (my) (ear) application the date						
			lew the bady after deoth.				
23A. SIGNATURE					23B, DATE SIGNED		
020 01110101111	t brows	DEGREE		Staff Phys.			
NAME (Type) W()	10mHN	latte my	30. ADDRESS ADIM	gton by	is 28sto pur		
REMOVAL (Specify)		ME of CEMETERY OF CRE			ity, town, or county) (Stote)		
Burial 254. DANGE OF W. HEALTH	DEPT. E 250 NAME O	Auburn Cmme	25C. FUNERAL DIRECTOR	lto V: Balley			
	1	Delicated The	A TOPE DOTE IN THE SE	1)40 Valid	un 504		



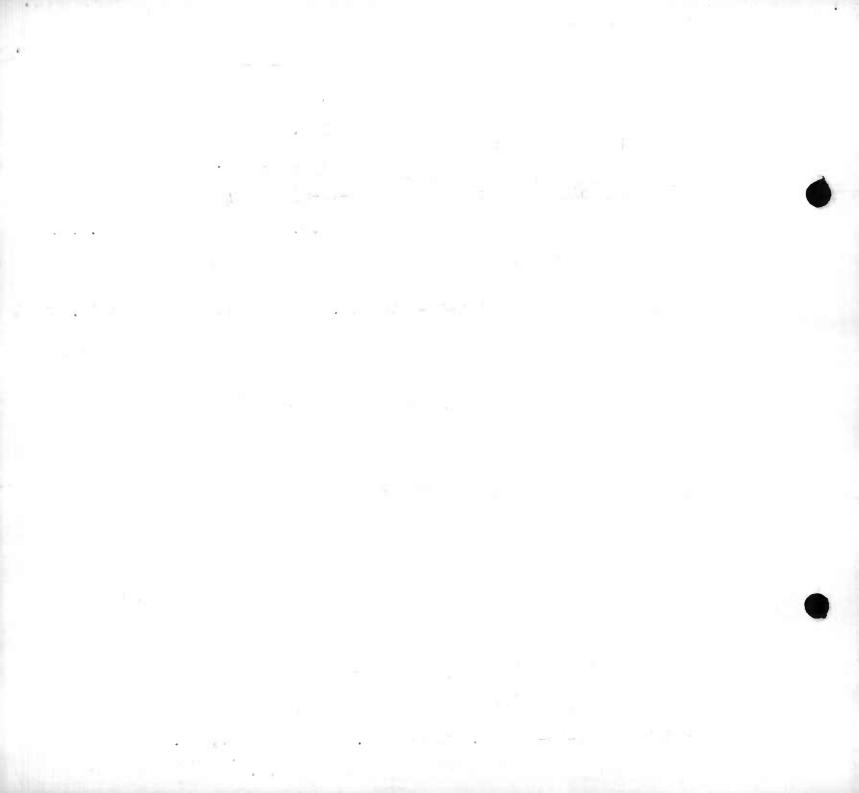
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1	
n a hospital and grause of death use; (5) Deceased trendance on the r to death. Such	15. Table 17. Market 1
contributing termined co regular ar eased prior	5.
direct or id; (4) Under id; (4) Under in on the decentation of the decentation of the decentation in the dec	1. M
or his assist Also, if the e of any kin nounced de attendance	7
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	MEDICAL CERTIFICATION
certificate ody was to see (1) An a D.O.A. at assed prioren approven	24
This cert the body shows: ( was D.O decease written	25

	F 456	71	0908		HEALTH DEPARTMENT	REG. NO	71 09	108
	I.NAME OF DEC Type or Print)	FULMORE,	DOMITE 6	AR TEMON		ND HOUR OF DEATH	71 1	0 1.5 0
	3. PLACE IN BAL	TIMORE MARYLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE (Whe	ARY 27, 19	stitution: residence before	0:45 PM.
- 11	FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION	ON, GIVE STREET	MARYLAND C. CITY OR TOWN	V4F	204 DE CITY LIMITS?	7
	40	ST AGNES	HOSPIT	AL	BALTIMORE E. STREET AND NUMBER 55 S MONASTE		YES NO	
1	- SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. II	Under 24 Hrs.
	MALE	NEGRO	WIDOWED	DIVORCED	12/22/46	lost biethdoy)	Months Days Hou	rs Min.
1	OA, USUAL OCCU	PATION (Give kind of work vorking life, even il retired)	108, KIND OF BU	SINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WH	AT COUNTRY?
	INSPECT		AUTOMO	BILE	MARYLAND		USA	
1	3. FATHER'S NAN	AE .			14. MOTHER'S MAIDEN NA	ME		
	ANZY FU				IOLA MAGILL			
C	5. Was Deceased (es, no or unknown)	Ever in U. S. Armed Ford	s of service)	SOCIAL SECURITY NO.	17. INFORMANT	BALTIMOR	E MD 2722	0
	ves ves	2/15/66*1/2/	160 2	14446822	ST AGNES REC	CORDS WILK	FNS & CAT	ON AVE
		E OR CONDITION DIR		(A) IMMEDIATE CAU	se Severe mas	sive Celat	APPROXIMA	TE INTERVAL
	(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  The property of the coused death.)							
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION last.  (8)  DUE TO, OR AS A CONSEQUENCE OF:  (C)  Ruy Ture appendiculty							
AMON	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	II CANT CONDITIONS CON BUT NOT RELATED TO THE ENDITION GIVEN IN PART	E TERMINAL	***************************************	***************************************			
Corieic	19APPATE OF	G 1970 WAS PERF	DRMED CUP	ard appende	29 A. AUTOPSY? (Yes or No)	208 IF YES WERE F	INDINGS CONSIDERED	D
1 1 V	DEATH (notify	WAS UNDERLYING TING CAUSE OF	218, PLA home, fo	CE OF INJURY (e.g., in orm, foctory, street, off	or obout 21 C. WHERE DID ice bldg., INJURY OCCUR?	(II In Boltimore	City, give exect lecetion	in)
AACDI	OF INJURY (APPROX)	(Month) (Day) (Year)	(Hour) 21E, INJ While A Work	URY OCCURRED  Not White At Work	21F. HOW DID INJU	JRY OCCUR?		
	22. I certify t	hot <b>¾</b> () (This hospitol)	attended the d	eceased from DEC	EMBER 26	9 70 to JANU	ARY 27	19_71
	that (X) (we) I	ast saw the deceased	alive an JA	NUARY 27	19 <u>71</u> and tha	t in (my) (our) apin	Ion death occurred	on the dote
	and hour ond	from the causes state	ed abave.XIX(W	e) (qiq) KaKaK) vi	ew the bady after death.			
		neweguld-	bh hi	Aften Phys.	ding Med.	Staff Phys.	23 B DATE SIGNED	1 1971
		NEGILDO N.I	SIDRO,M		3D. ADDRESS		ALTO MD 2	1229
24	REMOVAL (Sp Burial	ATION, 248. DATE ecity) 1-31-7		of CEMETERY of CREATURE Mem. Par	MATORY 24D. LO		, town, or county)	(State)
	JAN 29 1	971 Valley E	SE NAME OF THE		Kelson F.H.	L.Bailey	ADDRESS	

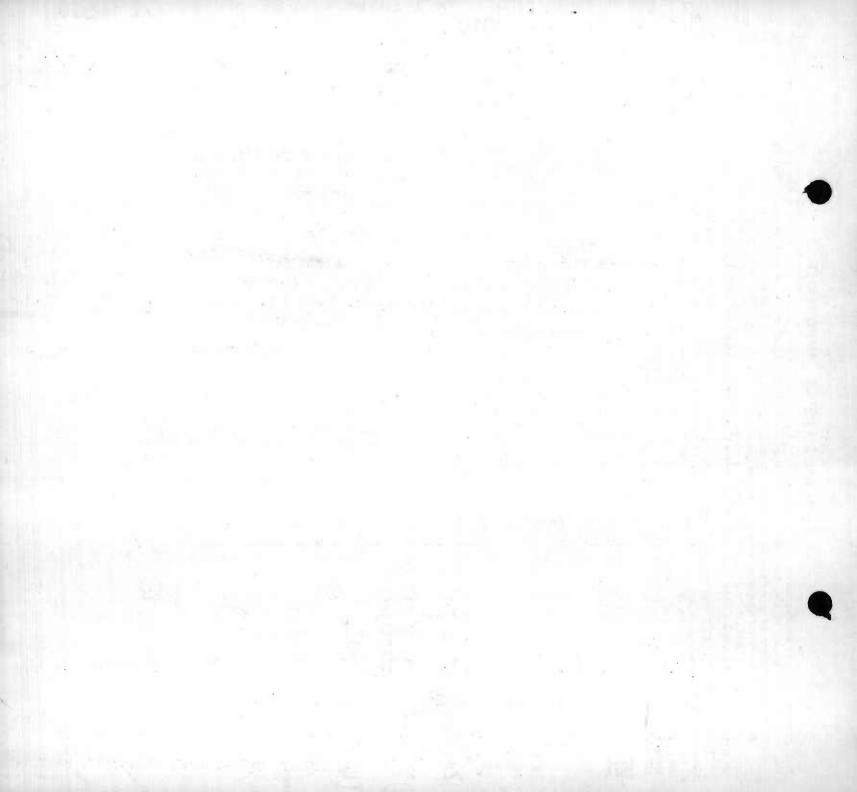
- -

18 1	28		BALTIMORE CITY	HEALTH DEPARTMENT		74 0000		
BIRTH NO.	71	0909	CERTIFICA	TE OF DEATH	REG. NO	71 0909		
-	OF DECEASED			2. DATE A	ND HOUR OF DEAT	Н		
2 DI ACE I		na Davis			5-71	N		
FULL NAM HOSPITAL	AE OF (IF NOT IN HOSPI OR ADDRESS OR LOC			A. STATE B. COU	N IT	institution: residence before odmission)		
INZIIIOIIO	, n			Balto.	D. IN	SIDE CITY LIMITS?		
100	461 Walton	Court		E. STREET AND NUMBER		YES 🔀 NO		
00				461 Walton	n Ct.			
5. SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
F	Negroid	WIDOWED	DIVORCED	2-11-06	last birthdoyl	Months Doys Hours Min.		
IOA, USUAL	OCCUPATION (Give kind of wo	IND OF BE	USINESS OR INDUSTRY	11. BIRTHPLACE (Stote or for	eign countryl	12. CITIZEN OF WHAT COUNTRY		
	estic			S.C.		U.S.A.		
13. FATHER				14. MOTHER'S MAIDEN NA	ME			
	John Berk	cett		Rose	Capell			
15. Wos Dec	coosed Ever in U. S. Armed Fonknown) III yos, give wor or dol	es of sorvice)	Security No.	17. INFORMANT		ADDRESS		
	no	2.2	20-24-2670	Geo. Davis	1615 Pe	ntwood Rd 21213		
18.	12.31	427	CAUSE OF DEAT		1017 10	APPROXIMATE INTERVAL		
1	DISEASE OR CONDITION D					BETWEEN ONSET AND DEATH		
(This d	LEADING TO DEATH		(A) IMMEDIATE CAU	SE Clysbral	Throm bo	518 July		
heart fo	heart failure, asthenia, etc. It means the disease.							
Injury o	or complication which caused		d for 1	2 1 4.11.		1		
	DISEASES OR CONDITIONS, if any, giving Due to, or as			So bustie Hoo	of DISCAS	21/2		
DISEAS	SES OR CONDITIONS, if to the above cause (A)	DUE TO, OR AS	A CONSEQUENCE OF:		73			
UNDER	RLYING CONDITION lost	storing the	(c)					
	II							
O THER S	SIGNIFICANT CONDITIONS CO	NTRIBUTING				1		
A DISEASE	E OR CONDITION GIVEN IN PAI	RT 1 (A).	***************************************	****************		***************************************		
19A. DA	TE OF OPERATION 198 CON	IDITION FOR WHI	ICH OPERATION	20A. AUTOPSY? (Yes of N	ON CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
OR CON	CCIDENT WAS UNDERLYING TO CAUSE OF Contify medical examined	218, PL, home, etc.)	ACE OF INJURY (e.g., in farm, foctory, street, of	or obout 21C. WHERE DID	(If In Boltimo	ore City, give exect facation)		
OF INJU	AE (Month) (Doy) (Year)		JURY OCCURRED	21F. HOW DID IN.	IURY OCCUR?			
(APPRO)		While Work	At Work	· 🗆				
22. I ce	22. I certify that (1) (this hospital) attended the deceased from 1-26-69 19 to 1-26-71 19							
	that (1) (we) lost saw the deceased alive on 15 19 and that in (my) (our) opinion death occurred on the date							
	and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.							
23A. 5IG	NAT URE		78/85			238, DATE SIGNED		
11	manno	olkna	Mb DEGREE Phys	nding Med.	Staff Phys.	1128/71		
23C.PHY	ME (Type)  Franklin Pl	11/1/108		358 Ma Ma	Km St 12	Palla Med maso		
24A. BURIAL	CREMATION, 24B DATE	24C. NAMI	E of CEMETERY OF CRE	MATORY 24D, L	OCATION IC	ity, town, or countyl		
Bur		-70 Mt	Auburn Ce	m. Ro	lto., Nd.			
	REC'D BY HEALTH DEPT.	258. NAME OF		25C. FUNERAL DIRECTO		ADDRESS		
JAI	N 29 1971 Ruber			Delgon F.	1 1 1 1 1 1 1	alhoun Street		
VS 150-REV.	1/1/68							



VS 150-REV. 1/1/68

BALTIMORE CITY HEALTH DEPARTMENT



SERVINION  1909 Eastern Avenue  8. MARRIED   Never MARRIED   Never No.   Street   No.   No	Q 2/4 71 0911 BALTIMORE CITY HE	ALTH DEPARTMENT	
NAME OF DECASED	MEDICAL EXAMINER'S	CERTIFICATE OF DEATH PER NO 71 0911	
Comparison   Com	BIRTH NO.	NEO. 140.	
A. PLACE IN BAILHORE, MARTHAND, WHERE PRONOUNCED DEAD    PROVISION   PROVISION	(Type or Print)	OF	
FILL NAME OF MOSPITAL OR INSTITUTION, GIVE STREET MODESTS (DICADION)  1909 Eastern Avenue  5. SEX		DEATH	M.
A SEX Female   Never MARRIED   Never MARRIED   Never MARRIED   Divorces   Div	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL ADDRESS OR LOCATION)	PRONOUNCED DEAD 1 26 71 5:20 p	
### Female   White   WIDOWED   DIVORCED   Balto.   YES   NO    ### POARE OF BIRTH   10.AGE (anyward)   First   Under 17 ft,   Under 22 ftm,   1909   Eastern Avenue    ### Sept. 14, 193   The province of the	4 2		)
Sept. 14, 1893   10, ACE daysors   10, ACE day	6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY LIMITS?	
Sept. 14, 1893 77 Plane of the property of the		Balto. YES NO	
11. BIRTHPLACE (Stote or loreign 6cunity)   12. Critizen OF   13. FATHER'S NAME   14. WHAT COUNTRY   14. AUSUAL OCCUPATION (Give bid of working)   16. WAS DECASED EVER NIV. S. ADARD FORCES?   17. SOCIAL   18. INFORMANT	[fost birthdoy]   Months   Doys   Hours   Min.	E. STREET AND NUMBER	
Id. AUSUAL OCCUPATION (Give bind of work)   Id. KIND OF BUSINESS OR INDUSTRY   15. MOTHER'S MAIDEN NAME	11. BIRTHPLACE(Stote or loreign country) 12. CITIZEN OF	13. FATHER'S NAME	
10. WAS DECEASED EVER IN U.S. ARMED FORCES? (vs. no crushnown) (if yee, give work doins of service)   17. SOCIAL (vs. no crushnown) (if yee, give work doins of service)   18. INFORMANT   ADDRESS   19.   1		MIE MOTUEPIS MAIDEN MANS	
SECURITY NO.   SECURITY NO.   SECURITY NO.   SECURITY NO.	done during most of working life, even firetired)	13. MOTHER'S MAIDER NAME	
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not meen the mode of dying, e.g., heart lotter, eithering, eith.)  ANTECEDERIN CAUSE  DISEASE OR CONDITIONS, if ANY, GIVING RISE TO THE CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION SIZE.  DISEASE OR CONDITION LAST.  (C)  DIFFERENCE OF OPERATION 1208.  CONTRIBUTING CONDITION SIZE OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  DISEASE OR CONDITION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  DISEASE OR CONDITION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  DISEASE OR CONDITION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  DISEASE OR CONDITION OF THE TERMINAL DISEASE OR CONDITION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  DISEASE OR CONDITION OF THE TERMINAL DISEASE OR CONDITION OF THE TERMINA	16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dates of service)  17. SOCIAL SECURITY NO.	18. INFORMANT ADDRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meen fish mode of chiop, e.g., kearl follure miresule, etc.) Images the mode of chiop, e.g., kearl follure miresule, etc.) Images the mode of chiop, e.g., kearl follure miresule, etc.) Images the mode of chiop, e.g., kearl follure miresule, etc.) Images to the Above Cause (a) Staining The UNDERLYING CONDITION LAST.  DISEASES OR CONDITION LAST.  OTHER SIGNIFICANT CONDITION CONTRIBUTING TO THE REMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  DISEASE OR CONDITION OF THE MEMBER CONDITION WAS PERFORMED  22. EXTERNAL CAUSE WAS LUNDERLYING GOR CONTRIB.  LUNDERLYING GOR CONTRIB.  LUNDERLYING GOR CONTRIB.  LUNDERLYING GOR CONTRIB.  LUNDERLYING CAUSE OF DEATH.  22. 22D. TIME (Month) (Day) (Year) (Hour) WORK AT NOT WHILE AT	19. (Ause of Dea		
LEADING TO DEATH  (This does not more this mode of dylog, e.g., heart follurs, enther the mode of dylog, e.g., heart follows a constitution of the mode of dylog, e.g., heart follows a constitution of the mode o	Azotemia	and congressive heart failure	PEAT
Chief house, estimate, cit. in mean the lisases, injury or complications which coused death.]   DUE TO, OR AS A CONSEQUENCE OF:   due to Arteriosclerotic cardiovascular   due to Arteriosclerotic   due to Arterioscleroti	internal and annual t	-Alice throthey	
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  10 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED  222A. EXTERNAL CAUSE WAS UNDERLYING TO COURT OF THE DEATH BUT NOT WHILE AT WORK AT WOR	(This does not mean the mode of dying, e.g., DUE TO, OR A		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO the ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELEASE OR CONDITION CIVEN IN PART 1 (A).  DOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELEASE OR CONDITION CIVEN IN PART 1 (A).  DATE OF OPERATION 206. CONDITION FOR WHICH OPERATION WAS PERFORMED  22. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIBUTING TO THE DEATH BUT NOT RELEASE OR CONDITION OF THE LOCAL CAUSE OF DEATH.  22. EXTERNAL CAUSE WAS UNDERLYING FOR CONTRIBUTING TO COURTED, street, office bidgs, etc.) INJURY OCCUR?  WHILE AT NOT WHILE TO CAUSE OF DEATH.  22. HOW DID INJURY OCCUR?  WHILE AT NOT WHILE TO CHARLE	injury or complication which coused death.)	Arteriosclerotic cardiovascular disease	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STAINED THE UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GYEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No) TO  22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB.	ANTICEPENT CAUSES	Al Cel loscielogic caldiovascular piscasc	
UNDERLYING CONDITION LAST.  (C)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (A).  20A. DATE OF OPERATION 208. CONDITION FOR WHICH OPERATION WAS PERFORMED  22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. Income, form, fo	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO, OR	AS A CONSEQUENCE OF:	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21. AUTOPSY? (Yes or No)  10  22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. UNDERLYING OR CONT	I UNDERLYING CONDITION LAST.		
22A. EXTERNAL CAUSE WAS UNDERLYING   22B. PLACE OF INJURY (e.g., in or obout   22C, WHERE DID (it in Baltimore City, give exact location)			-
22A. EXTERNAL CAUSE WAS UNDERLYING   22B. PLACE OF INJURY (e.g., in or obout   22C, WHERE DID (it in Baltimore City, give exact location)	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL		
22A. EXTERNAL CAUSE WAS UNDERLYING   22B. PLACE OF INJURY (e.g., in or obout   22C, WHERE DID (it in Baltimore City, give exact location)	DISEASE OR CONDITION GIVEN IN PART 1 (A).	AS PERFORMED 21 AUTOPSV2 (Yes or N	0)
22A. EXTERNAL CAUSE WAS UNDERLYING GOR CONTRIB. UNDE			-,
UTING CAUSE OF DEATH.    22D. TIME (Month) (Doy) (Year) (Hour)   22E.INJURY OCCURRED   22F. HOW DID INJURY OCCUR?	₹22A. EXTERNAL CAUSE WAS 1228, PLACE OF INJURY(e.g.,		-
22D. TIME (Month) (Doy) (Year) (Hour)   22E.INJURY OCCURRED   22F. HOW DID INJURY OCCUR?	UNDERLYING OR CONTRIB. home, form, foctory, street, office UTING CAUSE OF DEATH.	e bldg., etc.) INJURY OCCUR?	
CAPPROX.)   M. WHILE   NOT WHILE	22D. TIME (Month) (Doy) (Year) (Hour) 22E.JNJURY OCCURRED		
Certify that I held an Inquiry   Inspection   Autopsy   and that an this basis, death in my opinion	MHILEAI NOI		
resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 1/29/71  EXAMINER'S NAME (Type) Russell S. Fisher, M.D. ASSOCIATE MEDICAL EXAMINER 1/29/71  24A. BURIAL CREMATION, PARCEL PROPERTY OF CREMATORY ASSOCIATE MEDICAL EXAMINER 1/29/71  Burial 1/29/71 Oak Lawn Baltimore County, Maryland  25A. DATE REC'D BY HEATTH DEPT. 25B. NAME OF REGISTRAR Lilly & Zeiler Inc. 1901-07 Eastern Ave		and that are the best and admit to the state of	
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 1/29/71  EXAMINER'S NAME (Type)  24A. BUSSELL S. Fisher, M.D. ASSOCIATE MEDICAL EXAMINER 1/29/71  24A. BURIAL CREMATION, PARCELL STATE 1/29/71  Burial 1/29/71  Oak Lawn Baltimore County, Maryland  25A. Date rec'd by Health Dept. 25B. Dame of Registrar 25C. Funeral Director Address  Lilly & Zeiler Inc. 1901-07 Eastern Ave			
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 1/29/71  EXAMINER'S NAME (Type)  24A. BUSSELL S. Fisher, M.D. ASSOCIATE MEDICAL EXAMINER 1/29/71  24A. BUSSELL S. Fisher, M.D. ASSOCIATE MEDICAL EXAMINER 1/29/71  24A. BUSSELL S. Fisher, M.D. ASSOCIATE MEDICAL EXAMINER 1/29/71  24A. BUSSELL S. Fisher, M.D. ASSOCIATE MEDICAL EXAMINER 1/29/71  24A. BUSSELL S. Fisher, M.D. ASSOCIATE MEDICAL EXAMINER 1/29/71  24A. BUSSELL S. Fisher, M.D. ASSOCIATE MEDICAL EXAMINER 1/29/71  24A. BUSSELL S. Fisher, M.D. ASSOCIATE MEDICAL EXAMINER 1/29/71  24A. BUSSELL S. FISHER, M.D. BELLING STORM ST	resulted from: Natural causes [ Accident [ ] Suicid		
SIGNATURE  EXAMINER'S NAME (Type)  24A. BURIAL CREMATION, REMOVAL (Specify) Burial  24B. DATE 1/29/71  Oak Lawn  25A. DATE REC'D BY HEATH DEPT.  25B. DAME OF REGISTRAR  JAN 29 197  Lilly & Zeiler Inc. 1901-07 Eastern Ave		ACCICTANT MEDICAL EVAMINED TO DATE SIGNED	>
NAME (Type)  24A. BURIAL CREMATION, 24B. DATE  REMOVAL (Specify)  Burial  1/29/71  Oak Lawn  25A. DATE REC'D BY HEATH DEPT.  25B. NAME OF REGISTRAR  JAN 29  1/29/71  25B. NAME OF REGISTRAR  Lilly & Zeiler Inc. 1901-07 Eastern Ave		1/29/71	
Burial 1/29/71 Oak Lawn Baltimore County, Maryland  25A. DATE REC'D BY HEATH DEPT. 25B. NAME OF REGISTRAR  JAN 29 1971 Last E. S. D. Lawn Lilly & Zeiler Inc. 1901-07 Eastern Ave	NAME (Type) Russell 5. Fisher, M.D.	ASSOCIATE MEDICAL EXAMINER	
Burial 1/29/71 Oak Lawn Baltimore County, Maryland  25A. DATE REC'D BY HEATH DEPT. 25B. NAME OF REGISTRAR  JAN 29 1971 A. B. E. S. D.	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY		
JAN 29 1977 Roll & January Lilly & Zeiler Inc. 1901-07 Eastern Ave	Burial 1/29/71 Oak Lawn	Baltimore County, Maryland	
	THE STATE OF THE S		ve
		9-6-9-1-0	

6	2 =30 14 1	0912	BALTIMORE CITY	HEALTH DEPARTMEN	T			
L	TH NO.	nate	CERTIFICA	TE OF DEAT	H REG. NO.	A DIAME		
	IAME OF DECEASED			2. DAJ	E AND HOUR OF DEATH	25		
(Тур	PANDY.	MAT	RY E.	1 9	an. 27th -	7118 AM M		
3. 1	PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOU	INCED DEAD	A STATE B. C	Where deceased lived, If i	nstitution: residence before admission)		
FUI	LL NAME OF GF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITU	ITION, GIVE STREET	C. CITY OR TOWN	U. 5. A	SIDE CITY LIMITS?		
IN3			011	n nL	ore-	YES NO		
and a	South Baltime	ore-CTs	eneral Hosp	E. STREET AND NUMB	ER			
				1213 /	ight st.	, Baltimore,		
·S	Fomalo white	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Months Days Hours Min.		
	USUAL OCCUPATION (Give kind of work			11. BIRTHPLACE (Stole o	r foreign country)	12 CITIZEN OF WHAT COUNTRY		
ОП	during most of working life, even if refired)			Marylas	nd	U.S.A		
3.	FATHER'S NAME			14 MOTHER'S MAIDEN	NAME			
	Robert Jen	kins		9 R	losa Davis			
5. 1	Was Deceased Ever in U. S. Armed Force, no or unknown! Uf yes, give war or dates		16 SOCIAL	17. INFORMANT	bor Veen No	ADDRESS		
161	No	s of services	SECURITY NO.			were, Marylat 2/230		
	16. 7 1 2 1/1		CAUSE OF DEAT		100 51. 15 EXTIN	APPROXIMATE INTERVAL		
	DISEASE OR CONDITION DIR	ECTIV				BETWEEN ONSET AND DEATH		
	LEADING TO DEATH		A. A MANAPOLATE CAL	- ASEVI	, 6			
	(This does not mean the mode of	dying, e.g.,	(A) IMMEDIATE CAL	A CONSEQUENCE OF:				
	heart failure, asthenia, etc. it means the disease, injury or complication which caused death.)							
	ANTECEDENT CAUSES	0001110		OHF		ł		
		(B)(B)	A CONSEQUENCE OF:					
	dise to the above cause (A)		DOE 10, OK AS	W CONSEGUENCE OU				
	UNDERLYING CONDITION lost (C)							
~	11	7.197						
200	OTHER SIGNIFICANT CONDITIONS CON TO THE DEATH BUT NOT RELATED TO TH	NTRIBUTING HE TERMINAL				All the same than the same to		
CATI	DISEASE OR CONDITION GIVEN IN PART	TT (A).	WHICH OPERATION	120A. AUTOPSY2 (Yes	or Mail 208, IF YES, WERE	FINDINGS CONSIDERED		
CERTIFIC	19A-DATE OF OPERATION 19E CONE	OEMED		No	or Mol 208, IF YES, WERE IN CERTIFYING CA	AUSES OF DEATH?		
A	ZA. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21 B. hometc.)	PLACE OF INJURY (e.g., io, form, foctory, street, o	n or about 21 C. WHERE D	(it in Boltimo	ore City, give exact location)		
EDIC	210-TIME (Month) (Day) (Year)	(Houd 21&	INJURY OCCURRED	215 HOW DI	O INJURY OCCUR?			
ME	(APPROX)	111012	le At   Not While	• 🗖				
	22. I certify that (I) (this hospital)	) ottended ti	ne deceased from		19to	19		
	that (1) (we) last saw the decease	d olive on_		19aı	nd that In (my) (our) op	Inlon death occurred an the date		
	and hour and from the couses stat	ed above. (1	) (We) (did) (did not) v	lew the bady after de	ath.			
	23A. SIGNATURE					23B DATE SIGNED		
	Sural	SI. M	DEGREE Phy	ending Med. S. Director	Shoff Phys.	11/27/7/		
			/ DEGREE	23D. ADDRESS				
	23C. PHYSICIAN'S NAME (Type)							
244	NAME (Type)	240 24	DEGREE	EMATORY 12	ID LOCATION "	The force of country		
24/	A. BURIAL CREMATION, 248, DATE REMOVAL (Specify)		DEGREE			City, town, or county) (State)		
	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial 1-30-19	71 Pa:	DECREE ME of CEMETERY of CR rkwood Cemete	ry	Baltimore, M	aryland		
	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial 1-30-19  A. DATE REC'D BY HEALTH DEPT.	71 Pa:	DECREE ME of CEMETERY of CR rkwood Cemete	Ty 25C. FUNERAL DIRE	Baltimore, M	aryland ADDRESS		
	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)  Burial 1-30-19	71 Pa:	DECREE ME of CEMETERY of CR rkwood Cemete	ry	Baltimore, M	aryland		

1/15/77 adm. date 300 Mason ct.

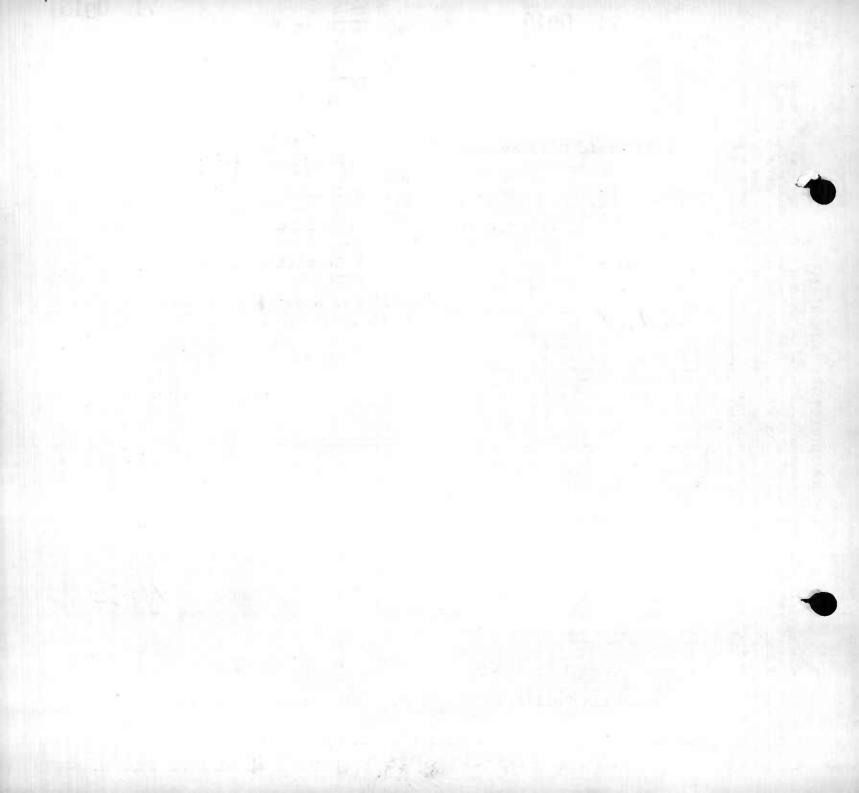
BIRTH NO. 71 0913 CERTIFICA	Y HEALTH DEPARTMENT ATE OF DEATH REG. NO	1 0913
(Type or Pant)  Jackson Jennings	2. DATE AND HOUR OF DEATH	, 12:40 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If insti	tutions residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION	Maryland	2/02 CITY LIMITS?
90	D. 11431DE	YES NO
Bolton Hill Nursing & Convalescent Center	1339 Ward St.	
5. SEX 6. RACE 7. MARRIED NEVER MARRIED		II Under 1 Yr., II Under 24 Hr
Male Negro WIDOWED DIVORCED	11-11-1905	II Under 1 Yr. II Under 24 Hr. Months Doys Hours Mine
10A. USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even it refired)  Unemployed		12. CITIZEN OF WHAT COUNTS
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	OLAL
John Hunter	Druid Seller	
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (It yes, give war or doles of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	John Ingram 1339 Ward	C+
18. CAUSE OF DEAT	John Ingram 1339 Ward	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY	T	BETWEEN ONSET AND DEA
LEADING TO DEATH	JSE drumal Museuma	days
hearl failure, asthenia, etc. Il means the disease.	A CONSEQUENCE OF:	
injury ar camplication which caused death.)	1 1 11 AD	2
ANTECEDENT CAUSES	lo hulfar lalsey -	
DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stoling the UNDERLYING CONDITION last.	A CONSEQUENCE OF:	
11 //		
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELIED TO THE TERMINAL DISPASS OF CONDITION RELIED TO THE TERMINAL	botensin	?
19A-DATE OF OPERATION 19R CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY2 (Yes or Not 20B. IF YES, WERE FINI IN CERTIFYING CAUSE	DINGS CONSIDERED
21A-ACCIDENT WAS UNDERLYING   21B-PLACE OF INJURY (e.g., in local contributions)   21	n or obout 21C, WHERE DID (II In Boltimore C	ity, give exoct location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED (APPROX.) While At   Not While	21F. HOW DID INJURY OCCUR?	
Wark At Wark		
22. I certify that (I) (this hospital) attended the deceased from	19 7 ond that In(my) (our) online	19/19
and haur and fram the equses stated obove. (1) (We) (did) (did not) v	The state of the s	n deoth accurred on the dat
23A. SIGNATURE		
press S. Dellew Digger Phys	nding Med. Stoff	B. DATE SIGNED
diseph 1. 13 LUM	111 h Calogs or	
AA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City. 1	town, or county) (State)
Surial 2-1-71 Mt. Auburn		ryland
5A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
JAN 29 1971 Palent & Jakon H. D. O	Charles A. Rice 661 W	. Barre or.



3-6	700 1	BIRTH NO. 71 0914 CERTIFICATE OF DEATH REG. NO. 71 0914
	f death eceased on the h. Such	1. NAME OF DECEASED (Type or Print) Leslie An Bell Jan 36, 1971 & 450 M.
	hospi se o (5) D ance deat	3. PLACE IN BALTIMORE, MARYLAND, WHERE FRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)
	E 24. 4	C. CITY OR TOWN  D. INSIDE CITY LIMITS?  YES NO  E. STREET AND NUMBER
	ar de.	5. SEX   6. RACE   7 MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in yeors   11 Under 1 Ye., 11 Under 24 Hrs.   Months! Doys   Hours   Min.
	th occurr contribu fetermine in regula eceased on is mad	MOLE   WIDOWED   DIVORCED   7-10-03   lost birthdoyl   Months Doys Hours   Min.    10A. USUAL OCCUPATION (GNe kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTRY?
	ded Und Vas	Lihotype Operator Sungapers Flordia  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME
N		Alexander Bell  Anna D. Henry  15. Was Deceased Ever in U. S. Armed Forces? (Tes,no or unknown)[UI yes, givo wor or doles of service)  17. INFORMANT ADDRESS
RTA	t the the his kir d de de ance	No 253-03-4346 Mr. William Culbreath 3711 Clifton Ave
MPORTANT	his of ar of ar unce	DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  CERTIFICATION  CE
R:		finis does not mean the made of dying, e.g., heart failure, asthenio, otc. It means the disease, injury or complication which caused death.)  (A) IMMEDIATE CAUSE CEREDIO VASCULAR ACCIDENT DUE 10, OR AS A CONSEQUENCE OF:
DIRECTOR:	exar (3) A n wh in re	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, il any, giving inse to the above cause (A) stoling the UNDERLYING CONDITION lost.  (B)  DUE TO, OR AS A CONSEQUENCE OF:
UNERAL D	medica nedica burns hysici an was remai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).
SNE	chie Bod the ysic e th	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
II.	by the pital by re; (2) where No ph	21A-ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, fociory, street, office bidg., INJURY OCCUR?
	hos natu d (6) aine	21D.TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY IAPPROX.)  While At Not White At Work
	4 po 0	22. I certify that (i) (this hospital) attended the deceased fram 1/2 1971 ta 1/26 1971 that (i) (we) last saw the deceased alive an 1/26 1971 and that in (my) (our) opinion death accurred on the date
	eased dent nospit nespit must	and haur and from the causes stated abave. (1) (We) (did) (did mer) view the body after death.  23A. SIGNATURE  23B. DATE SIGNED
	rificate my was rele (1) An acci 3.A. at a h d prior to approval	23C.PHYSICIAN'S NAME (Type)  AZAD. CADER  Attending Med. Director Phys. 1  23D. ADDRESS  MD  23D. ADDRESS
	certification body was 7s: (1) An D.O.A. at assed prices from the prices of the prices	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown, or county) (Stote)
	This certif the body shows: (1) was D.O.A deceased written ap	Burial 1-30-1971 Arbutus Memorial Park Baltimore Co. Marylan  25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR   25C. FUNERAL DIRECTOR, ADDRESS  NUTTER FUNERAL HOME 3035 W NORTH AVE
		VS 150-REV. 1/1/68



		71 093	15		TE OF DE	250 110	/1 0915
ased the Such	BIRTH NO.			CERTITICA		DATE AND HOUR OF DEA	
on th Suc	(Tune or Print)	enrietta Jol	hncon F	roun			
F. 6		ALTIMORE, MARYLAND,			4. USUAL RESIDE	January 27, NCE (Where deceased lived.	If institution: residence before admission)
cause; (5) D attendance ior to deat	FULL NAME CHOSPITAL OR	OF (IF NOT IN HOSPI ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	Marylar C. CITY OR TOWN	D. I	INSIDE CITÝ LIMITS?  YES NO
atte	11000				Baltime E. STREET AND N		YES NO NO
e.	7 130	3 Druid Hil	.1 Aven	ue	1303 Dr		enue
0	5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. , If Under 24 Hrs. Months! Doys   Hours   Min.
	Female	Negro	WIDOWED		9-2-189	3 77	Williams Boys Hours Williams
	IOA, USUAL OC	CUPATION (Give kind of wo		BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?
	Mai	of working lile, even if retired) Å	Stad	luim	Maryla	nd	USA
	13. FATHER'S N	IAME			14. MOTHER'S MA	AIDEN NAME	
	Lloyd	Brown			Henri	etta Johnson	
		ed Ever in U. S. Armed Fo wn) (If yes, give wor or do	orces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
		will the yes, give wor or do	ics of service)	SECURITY NO.	Mrs. Mag	gie Pitts De	rricks 1303 Druid
	NO	13 21		CAUSE OF DEAT	-	gic fices be	APPROXIMATE INTERVALLA
	DISEASES rise la UNDERLYI	amplication which cause ANTECEDENT CAUSE OR CONDITIONS, if the above cause (A) NG CONDITION last.  II NIFICANT CONDITIONS CONTITIONS CONTITUENT CONTITIONS CONTITUENT CONTITIONS CONTITUENT	any, giving slaling the ONTRIBUTING THE TERMINAL	(B)	n govolis. A consequence	Degeneration	n Chiò
	19A. DATE		NDITION FOR		20 A. AUTOPSY?		ERE FINDINGS CONSIDERED CAUSES OF DEATH?
	OR CONTR	DENT WAS UNDERLYING IBUTING CAUSE OF tify medical examiner	21B hom etc.	S. PLACE OF INJURY (e.g., ine. form, foctory, street, o	ffice bldg., INJURY C	ERE DID (If in Balt DCCUR?	imore City, give exoct location)
	21 D. TIME OF INJURY	(Month) (Doy) (Yeor		. INJURY OCCURRED		V DID INJURY OCCUR?	
	(APPROX.)		Wh	nile At Not Whi	e 🔲		
	that (I) (w	fy that (1) (this haspite re) last saw the deceas and from the causes st	sed alive an	11/27/71			apinian death accurred an the date
	23A, 51GNA		xeas		ending And Dire	. Staff	23B. DATE SIGNED
I	23C.PHYSIC	CIÁN'S (Type)	1		23D. ADDRESS		
		ranklin Phi	llips	M. Degree	558 McM	echan Street	
		REMATION, 24B. DATE		AME of CEMETERY OF CR		24D. LOCATION	(City, town, or county) (State)
	Burial	2-1-1	971 M+	. Auburn Cer	metery	Baltimore	Maruland
		D BY HEALTH DEPT.	25B, NAME	OF PEGINTRAR A D.	25C. FUNERAL	DIRECTOR	Maryland
I		IAN 29 1971	Jabers E.	data	UTTER	FUNERAL HOM	E 3035 W. NORTH AV
1	VS 150-REV. 1/	1768					



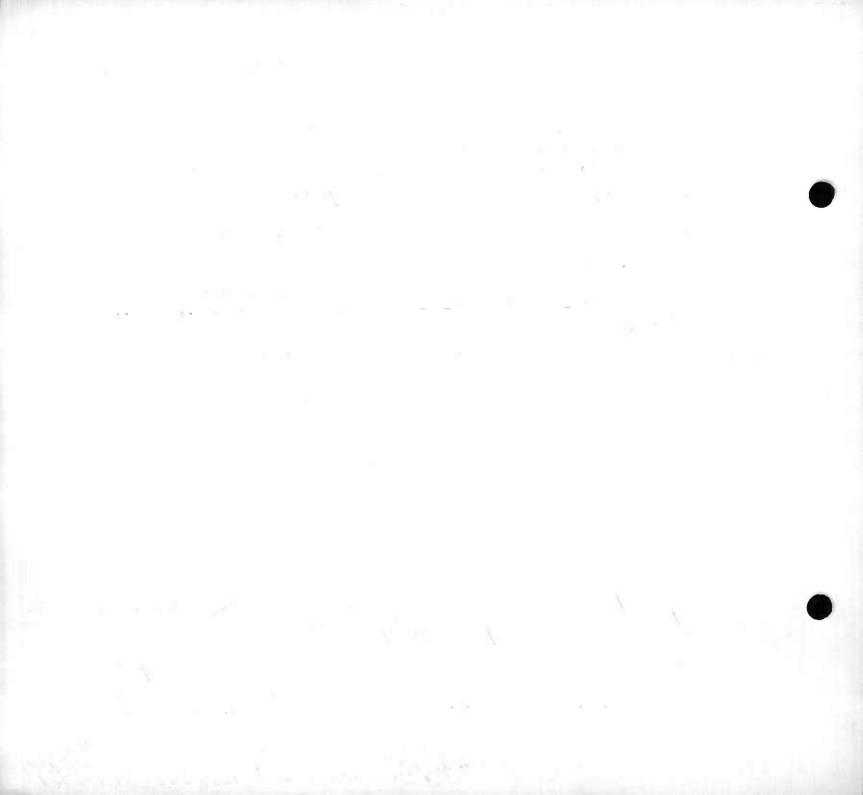
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BALTIMORE	CITY	HEALTH	DE
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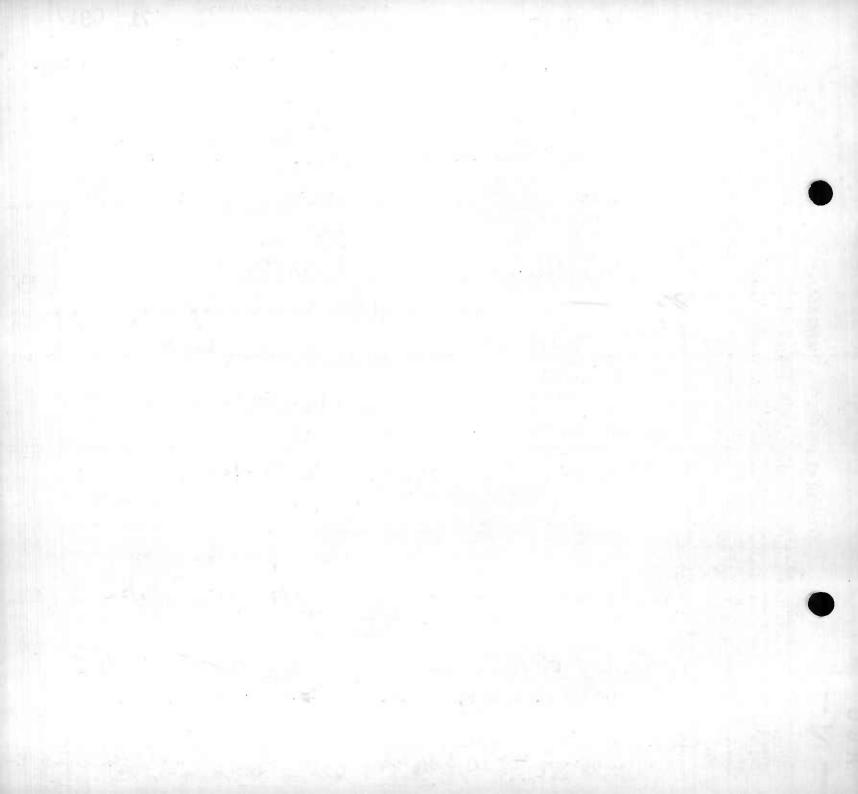
BALTIMORE	CITY	HEA	LTH DI	PARTA	MENT
CERTIFI	CA	TE	OF	DEA	TH

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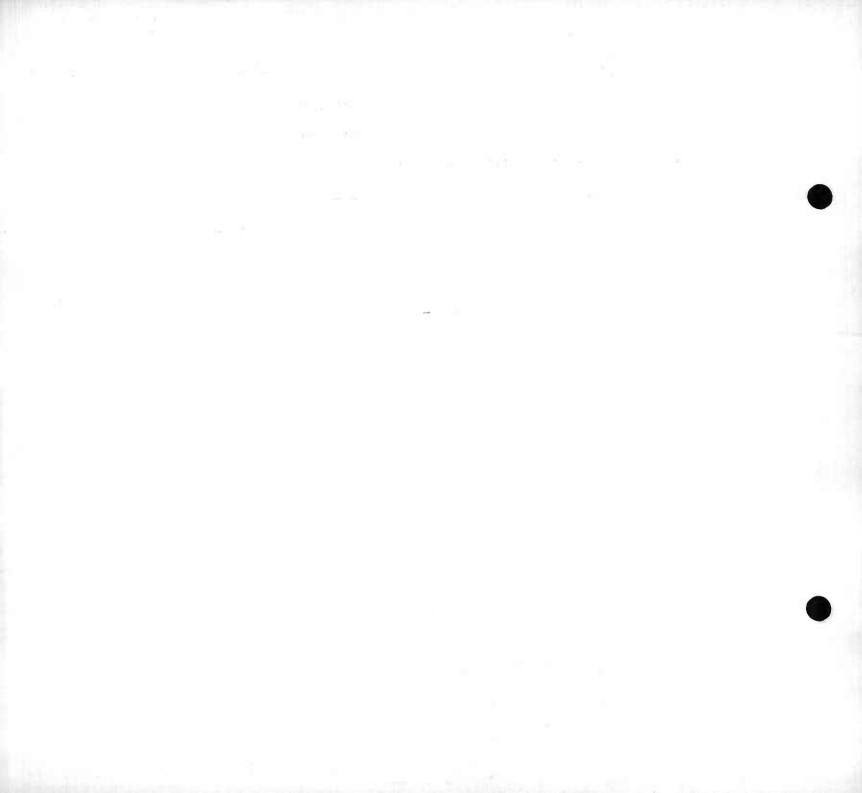
BIRTH NO.	71 091	6	CERTIFICA	TE OF DEATH	REG. NO	71 0916
1 NAME OF DEC	EASED			2. DATE A	AND HOUR OF DEATH	
DIC	US, JOHN WALT	ER		1/26/	71	18:45 A M
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDENCE (WILL A. STATE B. COU	ere deceased lived, II in	nstitution: residence before admission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTIT	UTION, GIVE STREET	Maryland c. CITY OR TOWN	D. INS	LOO3
	teransAdminis			Baltimore		YES X NO
	00 Loch Raven			E. STREET AND NUMBER		
Ba.	ltimore, Mary			1937 Lemmo		
	6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours last birthday)	Months: Days Hours Min.
Male	White	WIDOWED		9 8/30/23 11. BIRTHPLACE (State or Ion	47	
done during most of v	vorking life, even if refired)	IOS KIND OF	BOSINESS OK INDUSIKI			12. CITIZEN OF WHAT COUNTRY
TUCK	Driver			Baltimore, M		USA
13. FATHER'S NAM				14. MOTHER'S MAIDEN NA		
	L. Dicus			Theresa Kell		
15. Was Deceased (Yes, no or unknown)	Ever in U. S. Armed Forc	es? of servicel	1 6. SOCIAL SECURITY NO.	17. INFORMANT VA Hospital	Records	ADDRESS
YES	8/15/42 - 12		217-14-2326	3900 Loch Ra	ven Blvd. F	Balto., Md 21218
18.	3-00		CAUSE OF DEATH	1		APPROXIMATE INTERVAL
	E OR CONDITION DIR	ECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH	duine en	(A) IMMEDIATE CAU	se Renal Failur	e	
hearl failure,	aslhenio, elc. Il means :	the disease,	DUE TO, OR AS	CONSEQUENCE OF:		
	plication which caused	death.)		404		
	NTECEDENT CAUSES		(B) Glomero	culonephritis A CONSEQUENCE OF:	*********************	
	R CONDITIONS, if a above couse (A)		DUE TO, OR AS	A CONSEQUENCE OF:		
UNDERLYING	CONDITION last.		(c)		***************************************	
O THER SIGNIFICATION TO THE DEATH	II  CANT CONDITIONS CON I BUT NOT RELATED TO TH  DIDDITION GIVEN IN PART	E TERMINAL	Proba	able intracereb	ral hemorrha	ge
	OPERATION 198 COND WAS PERFO	ITION FOR Y	VHICH OPERATION	20A. AUTOPSY? (Yos or N	o) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
U 21A. ACCIDEN	T WAS UNDERLYING	21B.	PLACE OF INJURY (o.g., in	or obout 21 C. WHERE DID	(II In Boltimor	YES e City, give exact location)
DEATH (notify	medical examined	etc.)	e, larm, loctory, street, olf	ice bldg., INJURY OCCUR?		,, ,
Q 21D. TIME	(Month) (Dayl (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?	
E OF INJURY		Whi	lo At D Not While			
22 1 castifu	shoe (A (abic bosnies))		ne deceased fram Ja	03-1	[]]	0/12 77
that (M (we)	last saw the decessed	dive en	January 26th		19 71 to Jan	
						nion death accurred an the date
23A. SIGNATU	tram the causes state	d abave.	) (We) (did) (djd/176))/vl	ew the bady after death.		
Mars	A) dla lav	1000	AHen	iding Med.	Stoff Gel	23B, DATE SIGNED
23C. PHYSICIAN	2 Have	eau	DEGREE Phys.	Director L	Staff Phys. X	1/26/71
23C. PHYSICIA! NAME (Ty	pel the n unve	ואימות דו מד א		3900	Loch Raven B	
24A. BURIAL CREA	WM. D. HAKK		DEGREE		more, Maryla	
REMOVAL (S	AATION, 24B, DATE	24C. NA	ME of CEMETERY of CRE	MATORY 24D. I	OCATION (Ci	ly, town, or county) (State)
Darial	1/30/2	Nei	V CaTherda		ITe.	Md.
ZOA. DATE REC'D	AN 29 1971	NAME OF	Jakon No.	25C. FUNERAL DIRECTO	Ry .	2101 Fred. Pu
VS 150-REV. 1/1/6		•		DEOTGE L.	schwalz Lx	C. Belto, Md



0	1 1	BALTIMORE CITY HEALTH DEPARTMENT
-	600	BIRTH NO. 71 0917 CERTIFICATE OF DEATH REG. NO. 71 0917
	and eath ase the	1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
	-000	CERINO, Vincent 1/26/71 8:20 a. M.
	The Do	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)  A. STATE  B. COUNTY
	ost se inc dec	HOSPITAL OR ADDRESS OR LOCATION)  FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET Maryland
	- D C	HOSPITAL OR ADDRESS OF LOCATION)  C. CITY OR TOWN  D. INSIDE CITY LIMITS?
	_ 0 0 0	Baltimore YES M NO [
	cat cat	The Johns Hopkins Hospital  E. STREET AND NUMBER  501 N. Belnord Avenue
	ar de d	Total Residue
	occurr intribu rmine egula ased is mad	lost birthdoy) Months Doys Hours Min.
	ontro er re- sas	Male White WIDOWED DIVORCED 9/11/00 70 12. CITIZEN OF WHAT COUNTRY?
	in in on	done during most of working life, even if retired)
	if dearect or (4) Und was the d spositi	13. FATHER'S NAME ( Self-employed Italy 71. S. A.
	if dect (4) U wa the	14. MOTHER'S MAIDEN NAME
5	±	Chagustine Cerino Sorbelli (?)
A	e e e e e e e e e e e e e e e e e e e	15. Was Decembed Ever in U. 3. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS 21224
R	find a find	219-01-4009 Mrs. Mary Gurney 115 Carley St.
IMPORTAN	if if	18.519.3 +1/62 CAUSE OF DEATH
X	so, so, of control	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
=	Alsonon attention	(This does not mean the made of dying, e.g.,  (A) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (A) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (B) IMMEDIATE CAUSE  (C) I
ä	0 2 7 2 0 0	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)
0	fra fra gul	
- 5	A A P	DISEASES OR CONDITIONS, if any, giving  (B) Chronee Obs-Ley Oner 207  DUE TO, OR AS A CONSEQUENCE OF:
DIRECTOR:	(3) ex	uise to the above couse (A) stating the UNDERLYING CONDITION lost. (C)
<u> </u>	ica tal st. cia as	
=	did did	other significant conditions contributing to the death but not related to the terminal Squames Cell Ca of Long
RA	E ph	<   DISEASE OR CONDITION GIVEN IN PART 1 (A).
FUNER	a ody	198. CONDITION FOR WHICH OPERATION NO 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  NO 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (if in Britimgre City, give exect location)
5	by the	NO  21A. ACCIDENT WAS UNDERLYING   21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If In Baltimare City, give exact location)
L	the alb (2) (2) ere o pl	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)  21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR?
	by the pital whe No	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
	ned late	S OF INJURY
	> = = 0 0 0	(APPROX.) Work At Work
	the the an an obt	22. I certify that (I) (this haspital) attended the deceased from 1 197 ta 197 ta 197 ,
	ap to of a o	that (1) (we) last saw the deceased alive on 19 19 ond that in (my) (our) opinion death occurred on the date
	be de	and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death.
	der de de de mu	23A. SIGNATURE  23B. DATE SIGNED  Attending Med. Shoff
	a to to	DEGREE Phys. Director Phys. Director Phys.
	at and ior	23C. PHYSICIAM'S NAME (Type) Michael A. Merser, M.D. The Johns Hopkins Hospital
	certificate sody was rs: (1) An o D.O.A. at ased prio	Michael A. Merser, M.D. The Johns Hopkins Hospital
	F \$ 0.00 B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (Stote)
		Bureal 128/91 Glen Haven Glen Burnel, Md.
	This certification of the body shows: (1) was D.O. deceased written a	25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF RECISTAR   25C. FUNERAL DIRECTOR   2401 Fine direct Con
	4 > 0 >	VS 150-REV. 1/1/68
		THU !



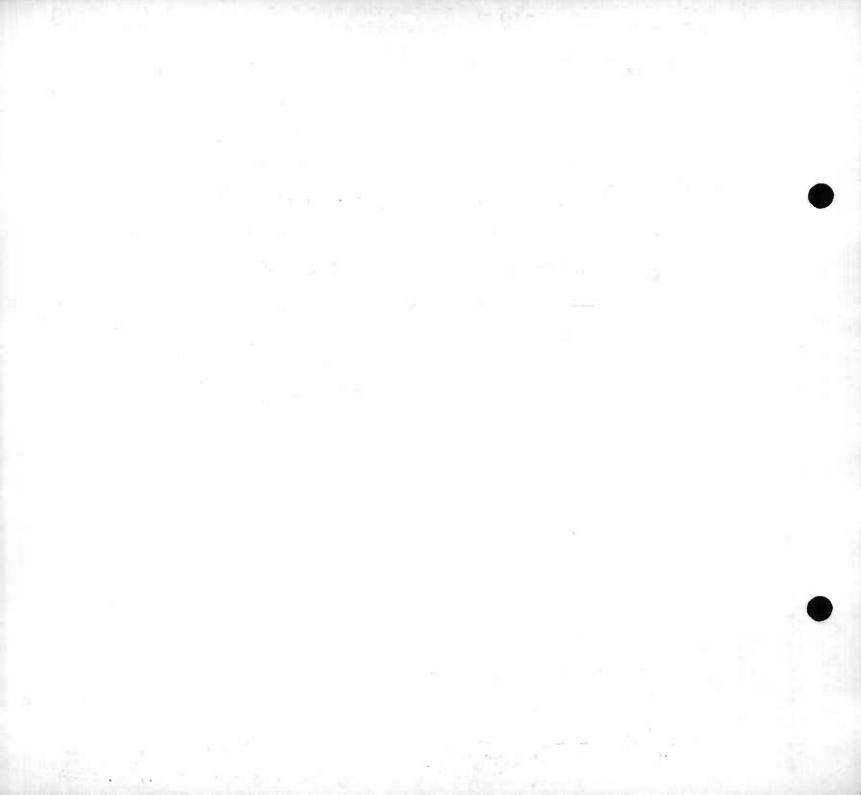
(Ty	pe or Print)	EASED				TE AND HOUR OF DEAT	**
3.	PLACE IN BALL	Margaret War	WHENE PROMO	NINCED DEAD	Ud Hellal BESIDENCE	1-25-71	9:30 A
FL	PLL NAME OF DISPITAL OR STITUTION			TUTION, GIVE STREET	Maryland c. City or town	COUNTY	ASIDE CITY LIMITS?
	10				Baltimore E. STREET AND NUM	BER	YES 🔣 NO 🗌
_		l Nursing &	Convale	scent Center	683 Pierce	Street	
F	emale	6. RACE Negro	WIDOWED		5-3-1903	9. AGE IIn yours lost birthdoyl	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
don	Domest	PATION (Give kind of wor working life, even if retired) LC	10B. KIND O	F BUSINESS OR INDUSTR	North	or loreign country) Carolina	12. CITIZEN OF WHAT COUNTY
13.	FATHER'S NAM	A E			14. MOTHER'S MAIDE	NNAME	
15. IYo	Wos Deceosed s, no or unknown)	Ever in U. S. Armod Fo Ill yos, give wor or date	rces? os of servico)	SECURITY NO.	Mrs Mary B	ailey,2871 V	W Lanvale St
	18. / 6	5 V		CAUSE OF DEA	TH TH		APPROXIMATE INTERVA
	DISEAS	E OR CONDITION DI	RECTLY		•••	arread	BETWEEN ONSET AND DE
	1	LEADING TO DEATH		(A)IMMEDIATE CA	USE	arrest	Jadden
	heort failure, c	at mean the made of asthenia, etc. It means	the disease.	DUE TO, OR AS	A CONSEQUENCE OF:		***************************************
		plication which caused		P	0	1 20 00	6 + 7
	_ ~	NTECEDENT CAUSES	)	( \( \Lambda \) \( \)			
	DISEASES	B CONDITIONS :	ware states	(B) Core	more ler	vy - veruo	
	rise to the	R CONDITIONS, ii obove cause (A) CONDITION last.	any, giving stating the	(C)	S A CONSEQUENCE OF:	ved-blado Uretser	
ATION	or of the UNDERLYING  OTHER SIGNIFICATION THE DEATH	condition last.	stating the	(c)	S A CONSEQUENCE OF:		7.
ATI	OTHER SIGNIFIC THE DEATH	obove cause (A) CONDITION last.	NTRIBUTING HE TERMINAL IT 1 (A).	(c)	[20A. AUTOFSYR/Yes	lessano.	7.
ERTIFICATI	OTHER SIGNIFICATION OF THE DEATH DISEASE OR CO.	CONDITION   dasi,  CONDITION   dasi,  CANT CONDITIONS CO   BUT NOT RELATED TO T   NOTITION GIVEN IN PAR   OPERATION   198. CON   WAS PER	INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR	(c)	20A- AUTOFSYZ (Yes	or No. 208. IF YES, WERE IN CERTIFYING CA	E FINDINGS CONSIDERED AUSES OF DEATH?
CERTIFICATI	OTHER SIGNIFICATION OF CONTRIBUTION OF CONTRIB	CONDITION Idst.  CANT CONDITIONS CO I BUT NOT RELATED TO T INDITION GIVEN IN PAR OPERATION 198 CON WAS PER T WAS UNDERLYING	INTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR	WHICH OPERATION	20A- AUTOFSYZ (Yes	or No. 208. IF YES, WERE IN CERTIFYING CA	7.
CAL CERTIFICATI	OTHER SIGNIFIT TO THE DEATH DISEASE OF CO. 19A. A CCIDEN OR CONTRIBUTE DEATH Inofity 21D. TIME	CONDITION   dasi,  CONDITION   dasi,  CANT CONDITIONS CO   BUT NOT RELATED TO T   NOTITION GIVEN IN PAR   OPERATION   198. CON   WAS PER	NTRIBUTING HE TERMINAL IT I (A). IDITION FOR HE TERMINAL IDITION FOR HE TERMINAL HE TERMIN	WHICH OPERATION	in or obout 21G, WHERE E	or No. 208. IF YES, WERE IN CERTIFYING CA	E FINDINGS CONSIDERED AUSES OF DEATH?
ICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO	CONDITION   dasi.  CANT CONDITIONS CO   BUT NOT RELATED TO TO NODITION GIVEN IN PAROPERATION   19 B. CON WAS PER    T WAS UNDERLYING   THE CAUSE OF medical examined	NTRIBUTING HE TERMINAL IT 1 (A). IDITION FOR FORMED  21B hom etc. Hour) 21E Wh	WHICH OPERATION  PLACE OF INJURY (e.g., ne, lorm, loclory, street, c.)	in or obout 21G. WHERE E	or No. 208. IF YES, WERE IN CERTIFYING CA	E FINDINGS CONSIDERED AUSES OF DEATH?
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MEDICAL CERTIFICATI	OTHER SIGNIFIC TO THE DEATH DISEASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBUTED THE DEATH Inofity 121D. TIME 22. I certify that (1) (we) and haur and 23A. SIGNATUR 23C. PHYSICIAN NAME ITY	cobove cause (A) CONDITION last.	NTRIBUTING HE TERMINAL IT I (A). IDITION FOR Hom etc. IHour 21E Wh Wo  1) attended t ed alive an etcd abave. (I	WHICH OPERATION  PLACE OF INJURY (e.g., ne, form, foctory, street, c.)  INJURY OCCURRED itle At Work he deceased from	in or obout 21 C. WHERE E coffice bidg., INJURY OCCI.  21F. HOW Dit  19	or No. 208. IF YES, WERE IN CERTIFYING CA	E FINDINGS CONSIDERED AUSES OF DEATH?  ore City, give exoct location)  olinian death accurred an the  23B. DATE SIGNED  City, lown, or county)  Md  ADDRESS



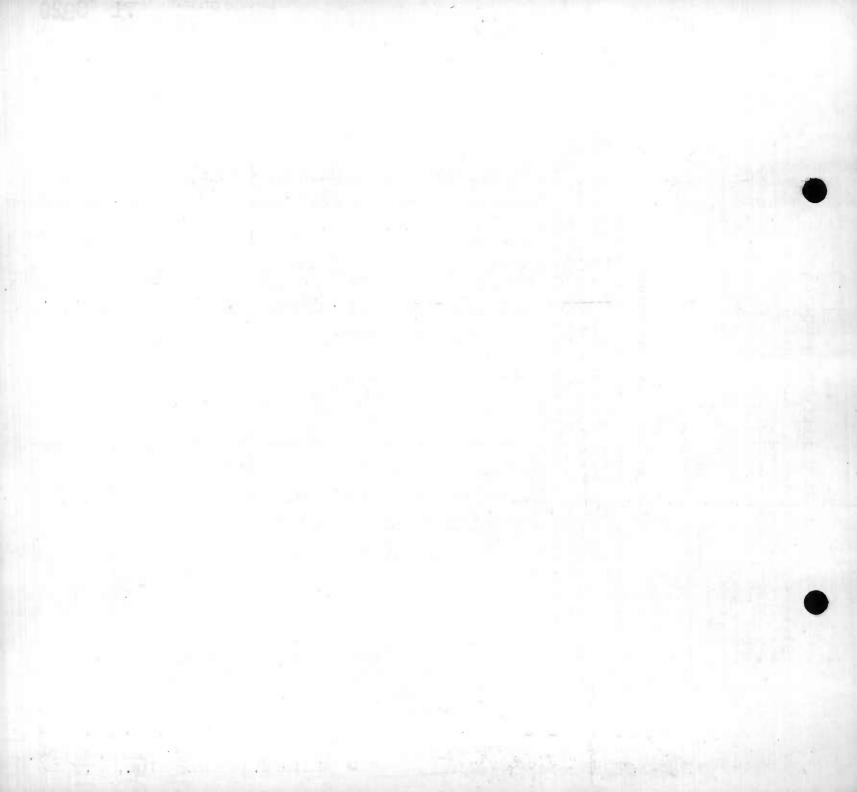
IMPORTANT

DIRECTOR:

FUNERAL



VS 150-REV, 1/1/68

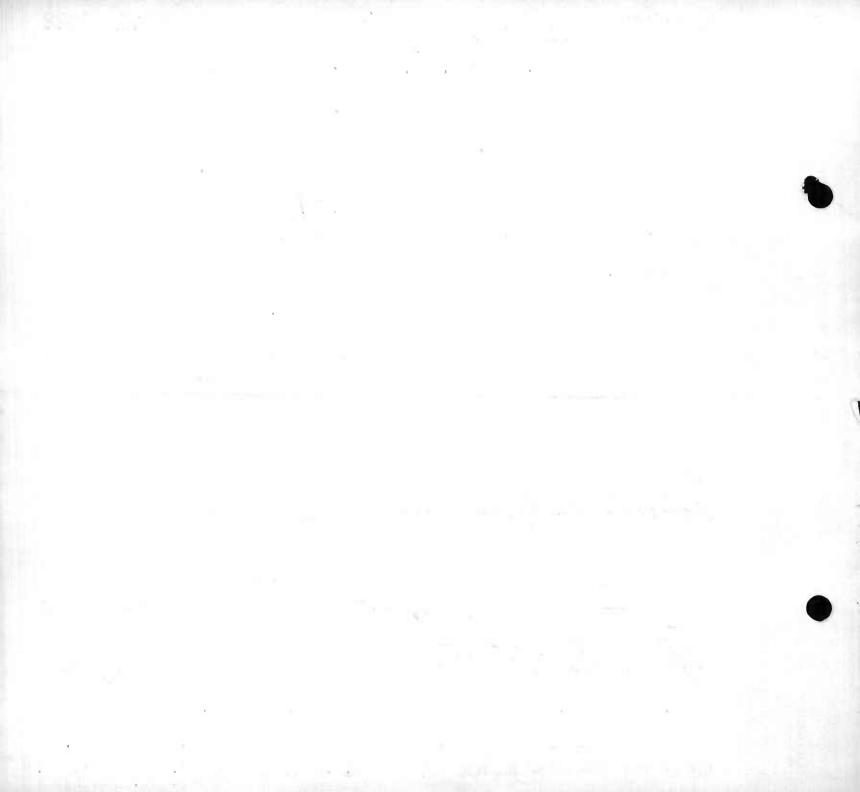


	-520	71	092	BALTIMORE CITY			74 0021
1.1	TH NO.	1 400	UJA	1 CERTIFICA	TE OF DE	2. DATE AND HOUR OF DEAT	1T 036T
	pe or Print) L	awrence J. L	mg, Sr.		112	1-27-71	10:50 A
1	LL NAME OF DISPITAL OR STITUTION	(IF NOT IN HOSPIT		UNCED DEAD	4. USUAL RESID	B. COUNTY TY Land Balto	institution: residence before admission)
İÑ	27				Bal timor	e	YES NO A
		cy Hospital,			E. STREET AND	weedbrook Road #	21212
	Male	White	MIDOWED		8. DATE OF BIRT	H3/19/04 9. AGE (In years birthdoy) 66	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		PATION (Give kind of work rorking life, even if retired)	1	EUSINESS OR INDUSTRY	Marylan	(State or foreign country) d	USA
13.	FATHER'S NAM	Thomas Lyng	12011223	5 Danos	14. MOTHER'S M	Mc Grath	
15. (Yes	Was Deceased s, no or unknown) No	Ever la U.S. Armed Far Of yes, give wor ar date	ces? s of service)	SECURITY NO.	17. INFORMANT		edbrook Road
-	18.	5 ( )		212-05-3726-1		yng Baltimor	e, Maryland 21212
	DISEASI 1 1This does no heart failure, o	E OR CONDITION DIS LEADING TO DEATH If mean the mode of sthenia, etc. It means	dying, e.g., the disease,	(A) IMMEDIATE CAU		ed Pl. Eff	BETWEEN ONSET AND DEATH
		NICOTION Which caused	death.)	ann.	1. 1. 4.21.	i 00 5 0.	0
	DISEASES OF	R CONDITIONS, if above cause (A)		(B) DUE TO, OR AS	A CONSEQUENCE	ic ca of lu	- NJ
CERTIFICATION	TO THE DEATH	CANT CONDITIONS COIL BUT NOT RELATED TO THE	E TERMINAL	W*************************************	***************************************		•••••••••••••••••••••••••••••••••••••••
ERTIFIC	19A. DATE OF	7 WAS PERF	ORMED OR	vhich operation	20A. AUTOPSY	IN CERTIFYING C	E FINDINGS CONSIDERED AUSES OF DEATH?
- 1	21 A. ACCIDENT OR CONTRIBUT DEATH (netity i	WAS UNDERLYING THE CAUSE OF THE	21st hometral	PLACE OF INJURY (e.g., in a, form, foctory, street, off	or obout 21 C. WH	ERE DID (If in Boltim OCCUR?	ore City, give exact location)
MEDICAL	21 D. TIME OF INJURY (APPROX.)	(Month) (Dey) (Year)		INJURY OCCURRED  Not While At Work		W DID INJURY OCCUR?	
	22. I certify t	hat (I) (this hospital	attended th	e deceased from	1/12	19 7/ to	1/27 197/
		ast saw the decease		1 /	19.71		pinian death accurred on the date
			ed above. (1)	(We) (dld) (dld not) vl	ew the bady aft	er death.	
	23A. SIGNATUR		v Bo	DEGREE Phys.		d. Staff Phys.	238, DATE SIGNED
	NAME (Ty		A Bos	E MD	3D. ADDRESS	necy Hosp	itel:
24A	REMOVAL (SE	ATION, 248. DATE	24C, NA	ME of CEMETERY OF CREE	MATORY	24D. LOCATION (	City, town, or county) (State)
	Burial	1-30-7		celand Memoria	l Park	Baltimore Cou	nty, Maryland
25A	JAN 29		258 NAME O		25C. FUNERAL	DIRECTOR 852	l Loch Ravens Blvd. lt., Md. 21204
VS	150-REV. 1/1/6	3					

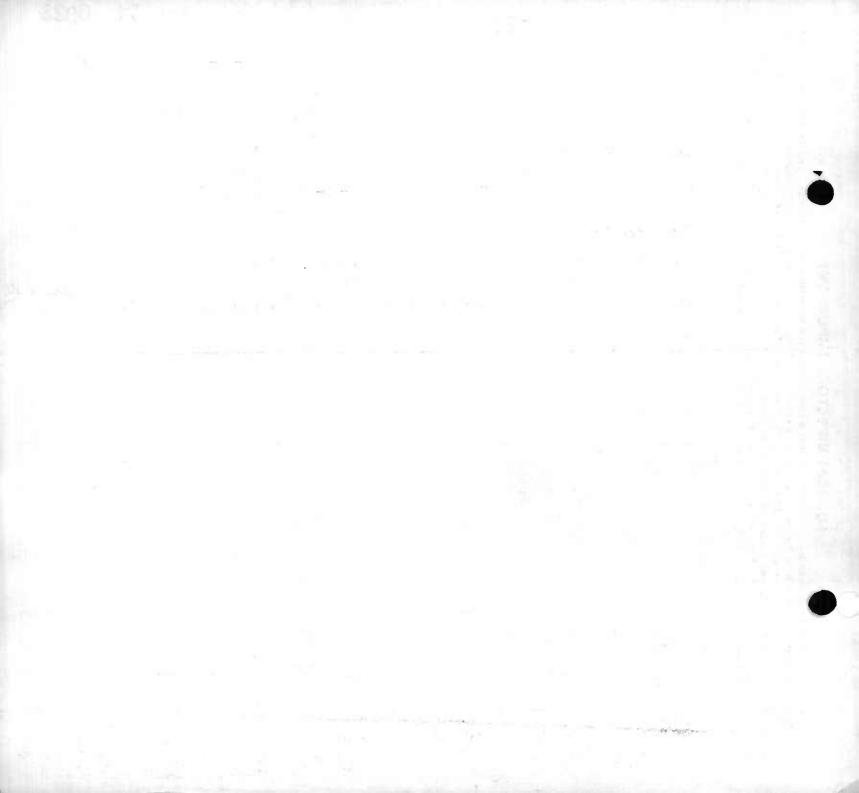




VS 150-REV. 1/1/68



B-241	1774 8	BALTIMO		REG. NO.	71 09
BIRTH NO.	71	0923 CERTII	FICATE OF DEATH	KEG. 140	
I.NAME OF DECI			2. DATE AN	D HOUR OF DEATH	
fType or Print)	Edna Boswell	1		1-26-71	2:45
3. PLACE IN BALT	MORE MARTLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	
FULL NAME OF	WE NOT IN HOSBIT	AL OR INSTITUTION CIVE STRI	Manueland	mall	6 53
HOSPITAL OR	ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREATIONS	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?
			Baltimore		YES NO
27	Manage Hanneld		E. STREET AND NUMBER		
0/	Mercy Hospit	tal	Stella Mar	is Hospice	
5. SEX	6. RACE	7- MARRIED NEVER MARRI	SED 8. DATE OF BIRTH	9. AGE (In years lest birthday)	If Under 1 Yr. If Ur Months: Days Hours
Female	White	WIDOWED IN DIVORC	8-10-89	81	Notines Doys Hours
IOA. USUAL OCCU	PATION Give kind of work		DUSTRY 11. BIRTHPLACE (State of fore		12. CITIZEN OF WHAT
4	vorking life, even if refired)		Maryland		U.S. K
13. FATHER'S NAA	KEEPER		14. MOTHER'S MAIDEN NA	ME	0.3.4
	-				
	s Trotton		Jane W. Gate	chair	
15. Was Deceased (Yes, no or unknown)	Ever in U. S. Armed For Uf yes, give war or date	s of service) 1 & SOCIAL SECURITY NO	0.		DULIANEY L
No		212-09-31	99-A STELLA MARI	5 Hospies	DULHNEY 1
18.	1 1	CAUSE OF	F DEATH	- 11 V31 /4 X	APPROXIMATI
DISEAS	E OR CONDITION DI	RECTLY	NATE CAUSE MALLIVE D, OR AS A CONSEQUENCE OF: 6-1-	0 1	
UNDERLYING	chove cause (A) CONDITION last.	(c)			
TO THE DEATH	ICANT CONDITIONS CO H BUT NOT RELATED TO TO ONDITION GIVEN IN PAR	IT 1 (A).	terioscleratie Voy.		
17A. DATE OF	OFERATION 19% CON	IDITION FOR WHICH OFERATIO	ON 20A AUTOPSYR (Yes) or No	IN CERTIFYING CA	FINDINGS CONSIDERED
21A ACCIDEN					Data of Stalling
	T WAS HADERIVING	218 STACE OF INTER	TV lace to at about 21C. WHERE DID	116 to Rollman	e ton voti
. OR CONTESSU	TING CAUSE OF	21B PLACE OF INJUI home, form, factory, etc.)	RY le.g., in or about 21 C. WHERE DID street, office bldg., INJURY OCCUR?	(If In Baltimer	e City, give exact lacation
OR CONTREU	medical examined	(Houd 21E INJURY OCCUR	RED 215 HOW DID INJ		e ton voti
OR CONTRBU DEATH (notify  21D. TIME OF INJURY	IT WAS UNDERLYING TING CAUSE OF medical examined  IMonthi IDay) (Year)	(Houd 21E INJURY OCCUR	RED 215 HOW DID INJ		e ton voti
OR CONTRIBU DEATH (notify 21D. TIME OF INJURY IAPPROX.)	medical examined  [Month! (Day) (Year)	(Houd 21E INJURY OCCUR While At Wark	RED 21F. HOW DID INJ	URY OCCUR?	e City, give exact lacation
OR CONTRBU DEATH (notify  21D. TIME OF INJURY IAPPROX.)  22. I certify	medical examined    Month    1Day) (Year)  that (1) (this hospital	(Hous) 21E INJURY OCCUR While At	RED 215 HOW DID INJ	URY OCCUR?	e City, give exact lacation
OR CONTRBU DEATH (notify 21D. TIME OF INJURY IAPPROX.)  22. I certify	medical examined  [Month! (Day) (Year)	(Hous) 21E INJURY OCCUR While At	RED 21F. HOW DID INJ	URY OCCUR?	e City, give exact lacation
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OR CONTRIBUTED OF INJURY IAPPROX.)  22. I certify that (I) (we)	that (1) (this hospital last saw the decease	(Hous) 21 E INJURY OCCUR While At	RED Not White At Work  The Mark At Work  The Mar	URY OCCUR?  19 7/ta/  at in(my) (our) op!	e City, give exact lacation  -26 -  nian death accurred (
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OR CONTRBU DEATH (notify DEATH (notify 21D. TIME OF INJURY IAPPROX.)  22. I certify that (I) (we) and hour and 23A. SIGNATU  23C. PHYSICIA	that (1) (this hospital last saw the decease if from the causes state.  Here was a saw the decease if the thing of the causes state.  Here was a saw the decease if the thing of the thing	(House 21E INJURY OCCUR While At	Not While At Work 19 7 and the death.  Attending Med.	URY OCCUR?	e City, give exact lacation  -26 -  nian death accurred (
OR CONTRBU DEATH (notify  21D. TIME OF INJURY (APPROX.)  22. I certify that (I) (we) and hour and 23A. SIGNATU	that (1) (this hospital last saw the decease if from the causes state of the causes of the cause of the causes of the causes of the causes of the cause of the causes of the cause of the	(House 21 E INJURY OCCUR While At	Not White At Work 19 19 7 and the death.  Attending Med. Director 19 23D. ADDRESS	URY OCCUR?  19 7/ta/  at in(my) (our) op!	e City, give exact lacation  -26 -  nian death accurred (
OR CONTRIBUTED DEATH (notify D	that (1) (this hospital last saw the decease if from the causes state the	(Hous) 21E INJURY OCCUR While At	RED Not White At Work  In 19 7 and the d nat) view the body after death.  Attending Med. Director 23D. ADDRESS  M.D. DEGREE MERCY (10)	URY OCCUR?  19 7/ta/  19 7/ta/  19 7/ta/  Stuff In (my) (our) opl  Stuff IN (my)  8 PITAL B	City, give exact lacation  -26 -  nian death accurred    238. DATE SIGNED    -27 - 7
OR CONTRBU DEATH (notify DEATH (notify 21D. TIME OF INJURY IAPPROX.)  22. I certify that (I) (we) and hour and 23A. SIGNATU  23C. PHYSICIA	medical examined  IMonthi IDay) (Year)  that (1) (this hospital last saw the decease I from the causes state RE  LAST TON SON MATION, 1248, DATE	(House 21 E INJURY OCCUR While At	RED Not While At Work  The property of the pro	URY OCCUR?  19 7/ ta / t	e City, give exact lacation  -26 -  nian death accurred (
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OR CONTRIBUTED DEATH (notify)  21D. TIME 21D. TIME 21D. TIME 21D. TIME 22. I certify that (I) (we) and hour and 23A. SIGNATU  23C. PHYSICIA NAME IT; 24A. BURIAL CREF REMOVAL IS  DURING	medical examined  IMonthi IDay) (Year)  that (1) (this hospital last saw the decease I from the causes state  RE  HISTORY SON  MATION, 24B, DATE  pecify)  1-29-  BY HEALTH DEFT.	(Hous) 21E INJURY OCCUR While At	Not White At Wark 19 19 7 and the death.  Attending Med. Director 19 23D. ADDRESS  Phys. 23D. ADDRESS  W. O CREMATORY 24D. L  25C. FUNERAL DIRECTOR	URY OCCUR?  19 7/ ta / lat In(my) (our) op!  Staff Phys.   COATION ICE	City, give exact lacation  -26 -  nion death accurred    238, DATE SIGNED    -27 - 7    ALTEMORIE  ity, town, or county)    ADDRESS   ACCESS
OR CONTRIBUTED OF CON	medical examined  (Monthi 1Day) (Year)  that (1) (this hospital last saw the decease if from the causes state  RE  (MS) (Year)  (SUPININ SON  MATION, 248, DATE ipecify)  (1-29-	(Hous) 21 E INJURY OCCUR  While At  Wark  I) attended the deceased from  ted above. (I) (We) (did) (did)  Clear  VG C IY AROE N  24C, NAME of CEMETER  71  PARELANS	RED Not While At Work  The property of CREMATORY  RED 21F. HOW DID INJ  RED 21F. HOW DID INJ  Red Director  Phys.	URY OCCUR?  19 7/ ta / lat In(my) (our) op!  Staff Phys.   COATION ICE	e City, give exact lacation  -26 -  nian death accurred of the country of the cou



24C. NAME of CEMETERY or CREMATORY

Resurrection Cemetery

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

Juneral

ROBER

24D, LOCATION

E. WILHEL

Home

DATE SIGNED

ADDRESS 4308 Suit-

land Rd., Suitland,

(Stote)

Md.

January 24, 1971

(City, town, or county)

Clinton, Maryland

Robt. E.

ACTUAL

REMOVAL (Specify)

VS 151-REV. 7/1/68

Burial 1/2
25A. DATE REC'D BY HEALTH DEPT.

SIGNATURE /

NAME (Type) 24A. BURIAL CREMATION,

Ronald N. Kornblum, M.D.

258, NAME OF REGISTRAR

24B. DATE

The state of the s IMPORTANT

DIRECTOR:

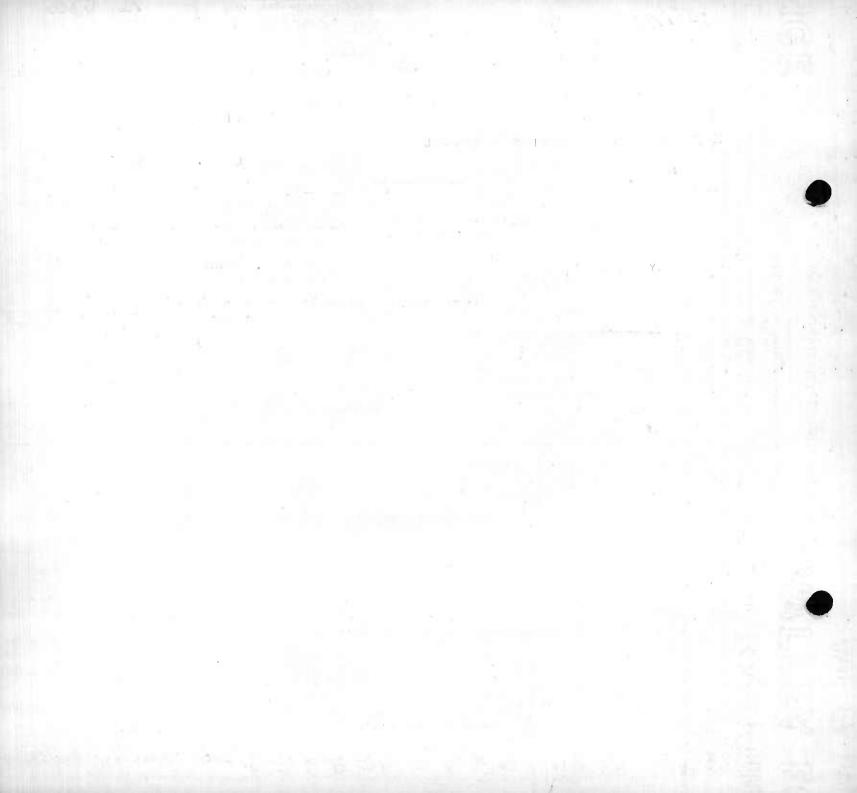
FUNERAL

VS 150-REV. 1/1/68

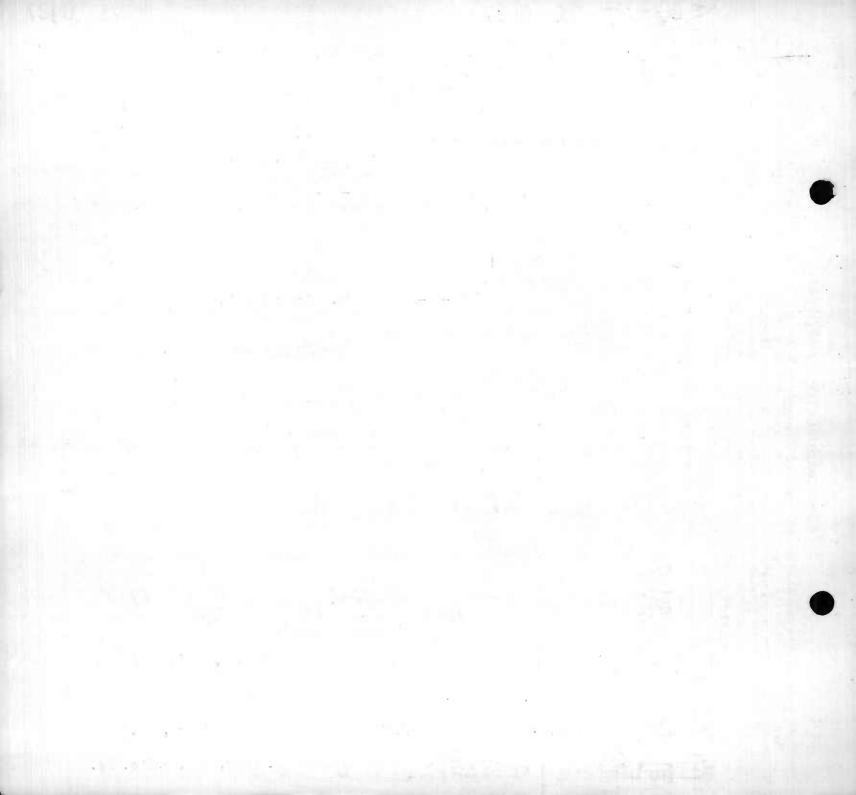
1/8/77 2003 Eastern Ave.

VS 150-REV. 1/1/68

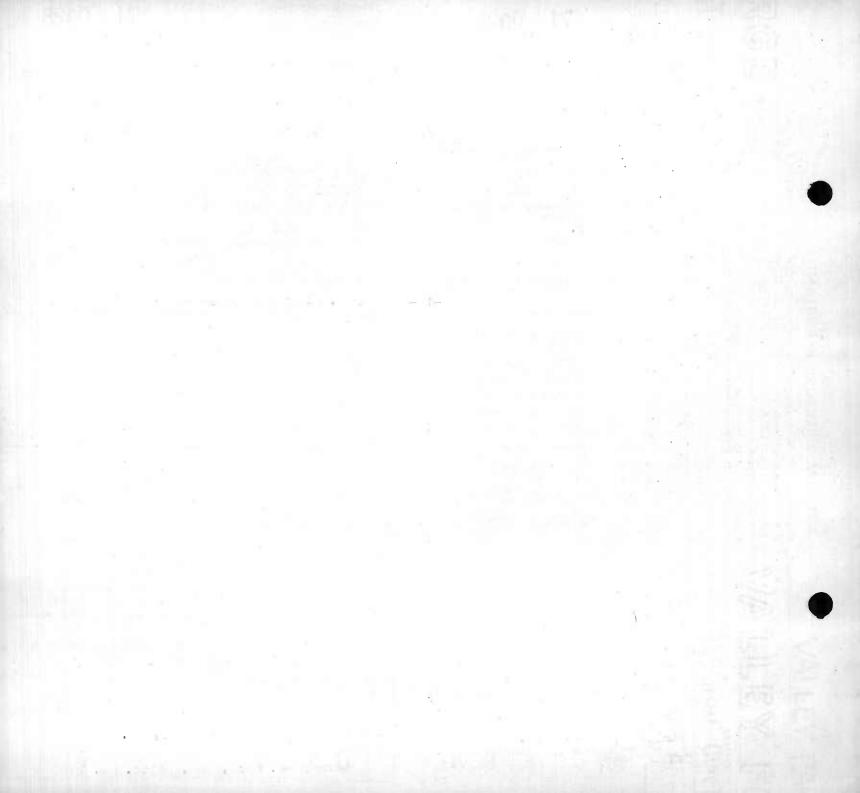
BALTIMORE CITY HEALTH DEPARTMENT



C-315 71	0027 BALTIMORE CITY	Y HEALTH DEPARTMENT	71 0927
0,0	CERTIFICA	TE OF DEATH REG. NO.	AT ODER
BIRTH NO.	(BLANCHE STEF		Н
(Type or Print) Blanche	Stephenson	1/27/71	19:30 pm
3. PLACE IN BALTIMORE, MARYLAND,	WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before admission)
FULL NAME OF (IF NOT IN HOSPI	ITAL OR INSTITUTION, GIVE STREET	MARYLAND BAL	TIMORE CITY
HOSPITAL OR ADDRESS OR LOC	(ATION)	C. CITY OR TOWN	ISIDE CITY LIMITS?
B	HACRITTI	BALTIMORE E. STREET AND NUMBER	YES X NO NO
THE JOHNS HOPKINS	HUSPIIAL	2407 AILSA XVENUE	2733
S. SEX 6. RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday)	Months Doys Hours Min.
FEMALE WHITE	WIDOWER DIVORCED DIVORCED	4-28-06 64	NO CITITAL OF WHAT COUNTY
done during most of working life, even if retired) Seamstress		Poland	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JOHN SZABL	OWSKI	PAULINE REKRUT	
TS. Was Deceased Ever in U. S. Armed Fo		17. INFORMANT	ADDRESS
No	218-12-2566	Mrs. Mary Keydash, 5522 Se	efton Avenue
18.	CAUSE OF DEAT	H	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION D		11 1 7 5%	
LEADING TO DEATH	(A)IMMEDIATE CAL		latin Immediate
heart failure, asthenia, etc. Il meon	s the diseose,	A CONSEQUENCE OF:	
ANTECEDENT CAUSE	~ C.	C Ale D	
DISEASES OR CONDITIONS, if	(B)	e Coronery Artery Dis	Chise
rise to the obove cause (A)	a tathan a tha	VE ASCVO	The same of the same
UNDERLYING CONDITION last.	(c) 360°	E /F3CVD	
O OTHER SIGNIFICANT CONDITIONS CO			
O THE DEATH BUT NOT RELATED TO  CONTROL  OF TO THE DEATH BUT NOT RELATED TO  OF THE DEATH BUT NOT RELATED TO		***************************************	
19A. DATE OF OPERATION 198. COL	NOTION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20B, IF YES, WER	E FINDINGS CONSIDERED
1/27/71 Cardiae 21 A. ACCIDENT WAS UNDERLYING		yes	City of the state
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	ore City, give exact location)
21D. TIME (Month) (Doy) (Year)		21 F. HOW DID INJURY OCCUR?	
OF INJURY	While At Not While	le 📉	
	Work L At Work		1/15
	al) attended the deceased fram	19 /( 10	1/27 19 71.
	0'6	19.72 and that in (my) (aur) a	pinian death accurred an the date
and haur and from the causes sta	ated abave (f)(We) (did) (did nat)	view the bady after death.	DATE SIGNED
12.60		ending Med. Staff 💟	23 B. DATE SIGNED
23C. PHYSICIAN'S	ely , WIND DEGREE Phy		1/01/11
PAGE (Type) RICHARD	L. TAW, JR.	THE JOHNS HOPKINS	HOSPITAL
	24C. NAME of CEMETERY or CR		City, town, or county) (State)
Burial (Specify) 2/1/71			
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
EEB 1 1871 Ky Cong E	Markey Hall	beongrad J. Ruck, Inc.	Salto. Md.



0	110	Private	0000	BALTIMORE CITY	HEALTH DEPARTMENT		74 0000
0-	-660	/1	U928	CERTIFICA	TE OF DEATH	REG. NO	11 0350
BIRTH N	O. XXXX	KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	KXXXXX	OLICI II TO		AND HOUS OF DEATH	
(Type ar	Print)	11 1	1 1	CCUIDDED E		AND HOUR OF DEATH	
2	qxxxxxxx	SKKXZNIJKKS/KXX	sacotal sale	SCHERER, E		1/27/71	
3. PLAC	E IN BALII	IMORE, MARYLAND, W	MERE PRONOL	INCED DEAD	A. STATE B. COL	JNTY	stitution: residence before admission
FULL N	AME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	Maryland		1631
HOSPITA NSTITU	AL OR TION	ADDRESS OR LOCA	(TION)		C. CITY OR TOWN	D. INSI	IDE CITY LIMITS?
2	3				Baltimore		YES X NO
T	he Jo	hns Hopkin	s Hosp	ital	E. STREET AND NUMBER		
					6005 Eurit	h Avenue	
. SEX		6. RACE	7- MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs
1	n	41	WIDOWED		2/13/09	lost birthdoy) 61	Months Days Hours Min.
OA. USL	JAL OCCU	PATION (Give kind of work			11. BIRTHPLACE (State at fo	reign country)	12, CITIZEN OF WHAT COUNTR
lone duri	ng most of w	orking life, even if retired)					****
		la Mfgr.			Marylan		USA
3. FATE	HER'S NAM	l E			14. MOTHER'S MAIDEN N		
A	ugust	Scherer				Theresa	7
5. Was	Deceased	Ever in U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
les.no	O ( unknown)	(If yes, give wor or date	s of service)	212-10-2626	Mrs. Josephin	e Schener	(Come)
				CAUSE OF DEATH	_	e DCHerer	(Same)
rise UN	ta the DERLYING	R CONDITIONS, if above cause (A) CONDITION last.	stating lhe	(C)	A CONSEQUENCE OF:		
₩ TO	THE DEATH	BUT NOT RELATED TO THE	HE TERMINAL				
		OPERATION 198. CON		VHICH OPERATION	20 A. AUTOPSY? (Yes ar	No) 208, IF YES, WERE	FINDINGS CONSIDERED
19A		WAS PERI			Ye	IN CCOTICVINIO CA	USES OF DEATH? NO
21 A	ACCIDEN	T WAS UNDERLYING	1 21 B.	PLACE OF INJURY (e. q., i	n or about 21 C. WHERE DID	(If in Baltimar	e City, give exact location)
OR	CONTRIBUT	TING CAUSE OF medical examiner		e, form, factory, street, of	fice bldg., INJURY OCCUR?		
0							
	TIME	(Manth) (Doy) (Year)		INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(API	PROX.)		Whi	le At Not White			/
22.	L certify t	that Withis haspital	1 ottended th	ne deceased from	1/25	19 7 to	1/29 19 2/
	-			1/25	19 2/ ond		
	( /	lost saw the decease		(30)			nion deoth occurred on the da
			ed obove. (I	(We) (did) (did not) v	iew the body after deoth	1.	
23A.	SIGNATUR		1	1 410	all and and	s. " dd	23B. DATE SIGNED
	tot-	- Ha ( V ~	alyl	DEGREE Phys	nding Med. Director	Shaff Phys	1/27/1/
23 C.	PHYSICIAN NAME TY	pe) M	Ima to		23D. ADDRESS	astine h	1 House W10
4A, BU	RIAL CREN	AATION, 24B, DATE	24C.NA	ME of CEMETERY OF CRE	MATORY 24D.	LOCATION / (Ci	ity, town, or county) (State)
RE	MOVAL (Sp	pecify)	CA		H Cemetery		
	urial	1/30/7	1.			Baltimore,	
FE	1.2 (6)	1971 Pober	25B. NAMES		25C. FUNERAL DIRECT	E.	lto. Md. 21214
/C 1 CO	REV. 1/1/61	R	4				

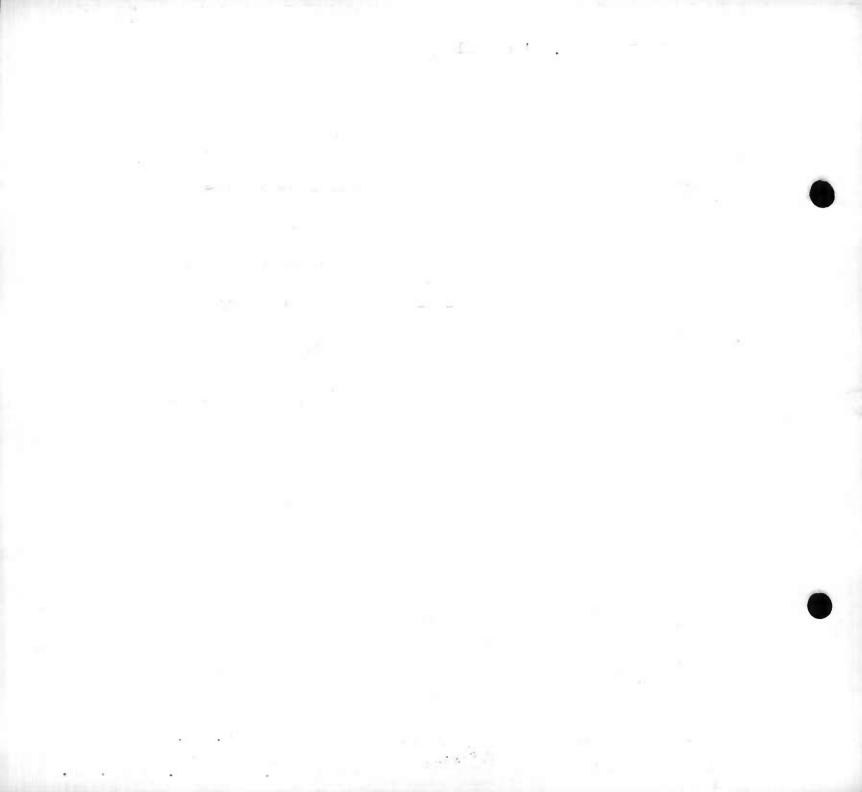


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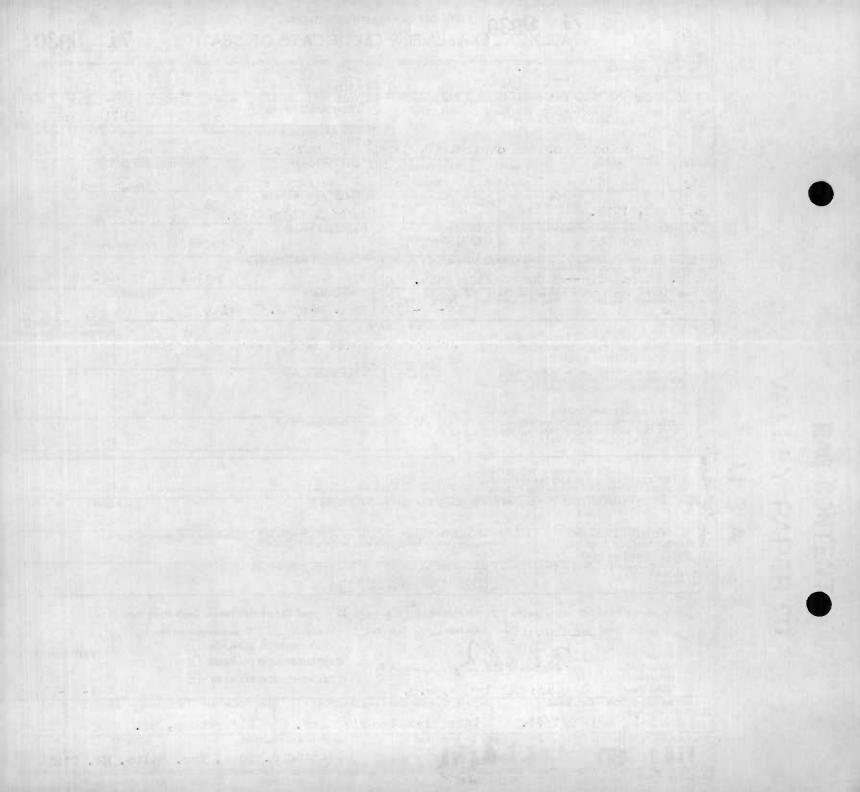
DIRECTOR:

FUNERAL

150-REV. 1/1/68



VS 151-REV. 1/1/68

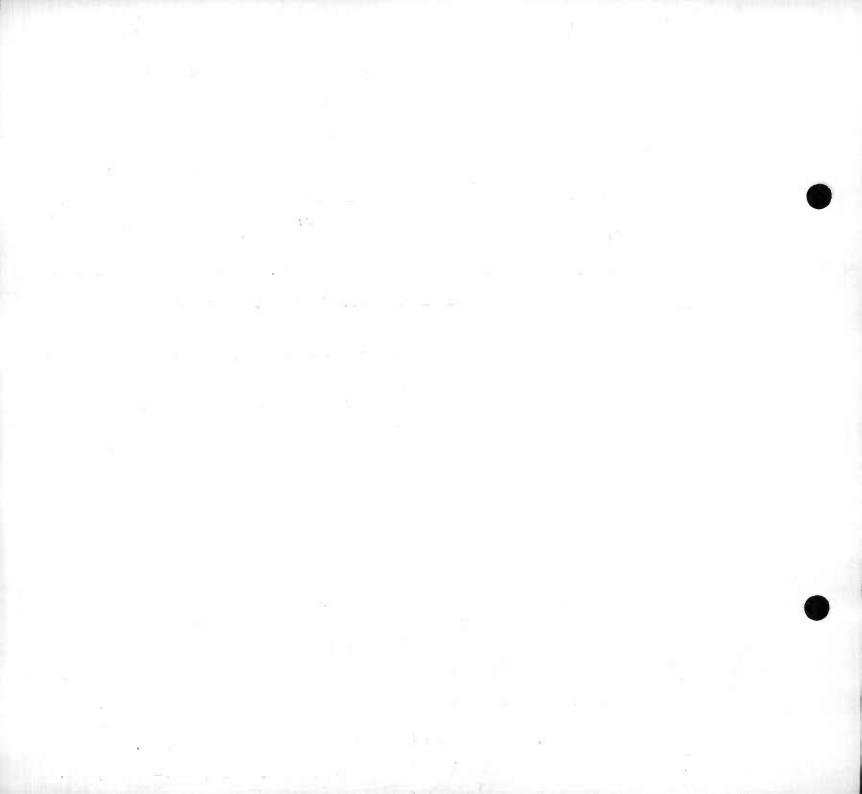


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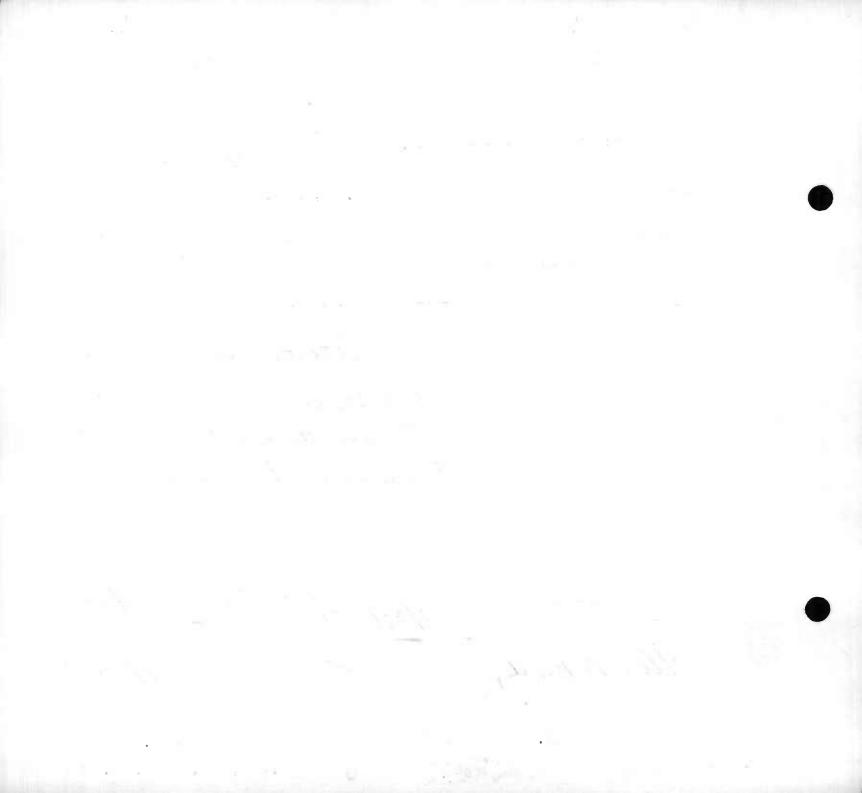
DIRECTOR:

FUNERAL

VS 150-REV. 1/1/68



0	Peu a		BALTIMORE CITY	HEALTH DEPARTM	ENT	P14 0 00
236 BIRTH NO.	71	0932	CERTIFICA	TE OF DEA	TH REG. NO	71 0932
1. NAME OF DECEASED (Type or Print)	POMPE	VD	CASTRO		ATE AND HOUR OF DEATH	121,1200
3. PLACE IN BALTIMORE	MARYLAND, WH	ERE PRONOU		4. USUAL RESIDENCE	E I Where deceased lived. If	institutions residence before admissiont
FULL NAME OF HE	NOT IN HOSPITAL	OP INSTITU	TION CIVE STREET	Md.	COUNTY	1724
HOSPITAL OR A	DORESS OR LOCATI	ONI	HOIL, GIVE STREET	C. CITY OR TOWN		SIDE CITY LIMITS?
Hou	se in the	Dinos I	Dalada Da	Baltomo		YES NO
90	toe In the	rines-i	belair Rd.	E. STREET AND NU	5614 Bidd	ison Avenue
	nite	MARRIED [		oct. 19, 18		if Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION done during most of working	N (Give kind of work) ( ite, even if retired)	B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE IStote	e or foreign countryl	12. CITIZEN OF WHAT COUNTRY?
Housewife				Spain	n	Spain
13. FATHER'S NAME				14. MOTHER'S MAID		-
Land Control	Francisc		18		UN	Iknown
5. Wes Deceased Ever in Yes, no or unknown) (If yes,	U. S. Armed Forces	of service)	SECURITY NO.	17. INFORMANT		ADDRESS
No			217-14-06171	Mrs. Const	ance Fernandez	(Same)
18. 1 -7 -1 1	01 2 5	0 0	CAUSE OF DEAT	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	CONDITION DIREC	CTLY		1740	e - D	2 /
(This does not meo	NG TO DEATH	vina. e.a.	(A) IMMEDIATE CAU		chil minimum	- Clarge
heart failure, astheni injury or complicatio	o, elc. Il means th	e diseose,	DUE TO, OR AS	A CONSEQUENCE OF:		<b>V</b>
	EDENT CAUSES	BG III.J	my			> 1.
DISEASES OR CO			(B) DUE TO, OR AS	A CONSCOUENCE OF	***************************************	// <b>j</b> r.
rise to the obov	o cause (A) si			1 44	R.	2 2
UNDERLYING CON	DITION last.		(c) Care	-me of the	Dress	
OTHER SIGNIFICANT	II	DIGITING	7		p - 1	
OTHER SIGNIFICANT OF TO THE DEATH BUT N	OT RELATED TO THE	TERMINAL	Vielet.	melliti	Kashi Ospe	maning
OTHER SIGNIFICANT OF TO THE DEATH BUT IN DISEASE OR CONDITION 19A. DATE OF OPERA	TION 198. CONDITION WAS PERFO	TON FOR W	HICH OPERATION	20A. AUTOPSY? (Ye	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS	UNDERLYING	21 B. P	LACE OF INJURY (e.g., in	or obout 21 C. WHERE	DID (II In Boltime	ore City, give exact location)
▼ IDEATH (notify medical)	CAUSE OF exominer	home,	larm, loctory, street, of	fice bidg., INJURY OC	CU R?	
O 21 D. TIME (Month		Houd 21 E 1	NJURY OCCURRED	215. HOW F	DID INJURY OCCUR?	
OF INJURY		White	At   Not While	1	4	, ,
		Work		1 2/	/	1/20/71
22. I certify that (I			deceased fram.	Z 192/	19 <u>7 0</u> to	1/20/19//
that (1) (we) last so			1/26)	-		Inlan death accurred on the date
23A. SIGNATURE	the causes stated	abave. (I)	(Me) (did) (did not) v	lew the body after o	death.	
Albur	D Bran	May	After Phys	Med. Director	Staff Phys.	23B. DATE SIGNED
23C. PHYSICIAN'S NAME (Type)	Albert B	Brad	ley	3D. ADDRESS	Belair Road	
24A- BURIAL CREMATION			DEGREE ME of CEMETERY OF CRE			City, town, or county! (State)
Burial	2/1/71.		dens of Faith		Baltimore,	
25A. DATE REC'D BY HEA	LTH DEPT. 25	B. NAME OF	REGISTRAR	25C. FUNERAL DI		ADDRESS
FEB 1 1971	Public E.	a Ben A	1000			alto. Md. 21214
VS 150-REV, 1/1/68						



IMPORTAN FUNERAL DIRECTOR:

150-REV. 1/1/68

REG. NO	71 0933
AND HOUR OF DEATH	
100171	1 5.30 p
Where deceased lived II ins	titutian: residence before admission)
gaD.	2735
	DE CITY LIMITS?
R	YES NO
gl= NOBK	Ave.
9. AGE (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Days Hours Min.
loreign country)	12. CITIZEN OF WHAT COUNTRY?
AND NAME	AMERICAN
UP	
1000	ADDRESS
ADDRE	
	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Tic Com.	
****************	***************************************
= JAUNDI	Car
***************************************	
	- 54
***************************************	
No. 208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
? (If in Boltimoro	City, give exoci location)
INJURY OCCUR?	
19 10/	18/7/19
	an death accurred an the date
	an death accessed at the date
h.	23B, DATE SIGNED
Staff Phys.	
Phys.	1/28/7/
LOCATION (City,	, town, or county) (State)
Baltimore, I	Vid .
/ D	ADDRESS
There	Baltimore, Md

 $\dot{\alpha}$ 

Greenlawn Cemetery

25C. FUNERAL DIRECTOR

Leonard J. Ruck, Inc.

25B. NAME OF REGISTRAR

Clarksburg, W. Va.

ADDRESS

Balto. Md. 21214

2/2/71.

25A. DATE REC'D BY HEALTH DEPT.

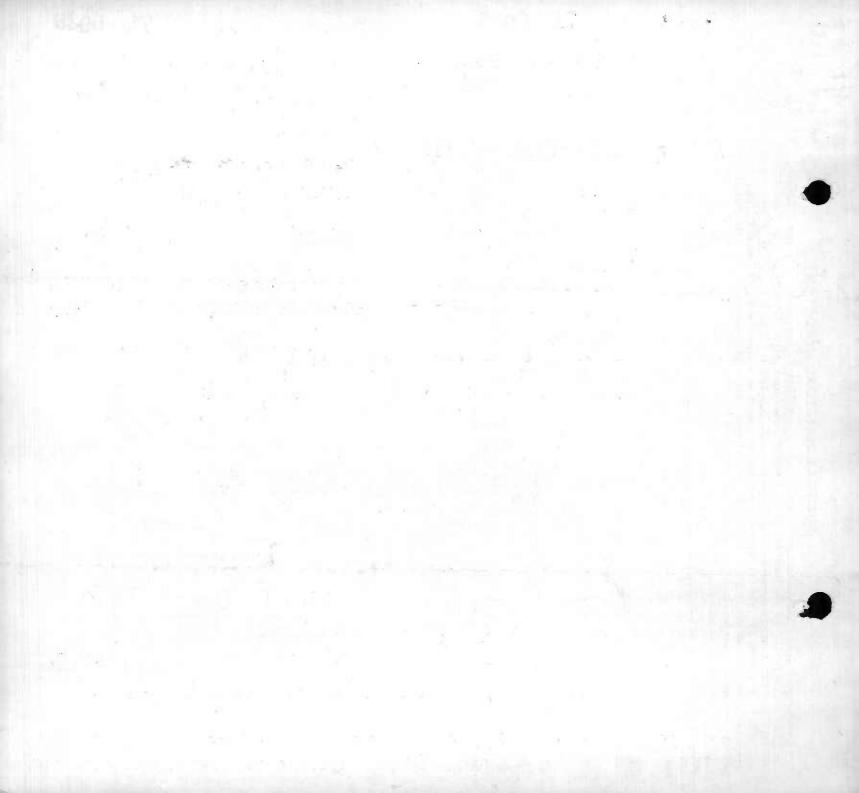
VS 151-REV. 7/1/68

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ATTIMODE	CITY	MEALTH	DEPARTMENT	
MILIMOKE	CITT	HEALIH	DEPARIMENT	

E-400 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH REG. NO.	71 0935
BIRTH NO.	REG, NO.	
1. NAME OF DECEASED VERNON (Type or Print)  XXXXXIVON MORRISON ELY	2. DATE Known Manth Day OF DEATH Estimated	Year Hour M.
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Day	Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) OR INSTITUTION	PRONOUNCED DEAD 1 26	1971 8:15 р м.
	5. USUAL RESIDENCE (Where deceased lived, If institution: r A. STATE  B. COUNTY	esidence before odmission)
4001 W. Belvedere Ave.	Md. Baltimo	re // XX
6. SEX 7. RACE 8. MARRIED NEVER MARRIED	C. CITY OR TOWN D. INSIDE CITY	LIMITS?
male white widowed Divorced	Balto. YES	NO 🗆
9. DATE OF BIRTH 10.AGE (In years   W Under 1 Yr, If Under 24 Hr Months, Days, Hours, Mills 1 Dec 13 1956	s. E. STREET AND NUMBER	
Dec. 13, 1956 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	13. FATHER'S NAME	
Baltimore, Maryland USA WHAT COUNTRY?	John D Ely	
14A.USUAL OCCUPATION (Give kind of work 14B. KIND OF BUSINESS OR INDUST done during most of working life, even il refired)	RY 15. MOTHER'S MAIDEN NAME	
Student	Mary Costin	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. SOCIAL		RESS
(Yes, no ar unknown) (il yes, give wor or dotes of service)  SECURITY NO. NO	John D. Costin-3503 Hayward	
CAUSE OF DE	ATH	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		
LEADING TO DEATH (A)IMMEDIATE	CAUSE Shotgun wound of neck	
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. it means the disease,	R AS A CONSEQUENCE OF:	
injury or complication which coused death.)		
ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING  DUE TO, O	R AS A CONSEQUENCE OF:	
	A A CONSTRUCTION OF	
UNDERLYING CONDITION LAST. (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION V		
20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION	WAS PERFORMED 12	I. AUTOPSY? (Yes or No)
5	TEN ONNES	
✓ 22A. EXTERNAL CAUSE WAS 1228 PLACE OF INITIPY (a.g.		yes
≥ UNDERIVING ™OR CONTRIR.   home, lorm, loctory, street, of	in or about 22C. WHERE DID (if in Baltimore City, give exact fice bidg., etc.) INJURY OCCUR?	ocation)
☐ UTING ☐ CAUSE OF DEATH. kitchen	4001 W. Belvedere Ave.	0176
OF INJURY (Month) (Day) (Year) (Hour) 22E.INJURY OCCURRED		
(APPROX) 1_26_71 = WHILEAT   NO	WORK Accidentally shot by fr	Lend.
	utapsy and that an this basis, death in my ap	Inion
	ide Homicide Undetermined manner	
resulted from: Adjural causesAccident [6]		
ACTUAL ( buld )	CHIEF MEDICAL EXAMINER	DATE SIGNED
	.D. ASSISTANT MEDICAL EXAMINER	
EXAMINER'S Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER	1-27 <del>1</del> 71
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER	Y or CREMATORY 24D. LOCATION (City, town, o	r county) (State)
REMOVAL (Specify) Burial 1-30-71 Woodlawn C	emetery Baltimore, Mar	vland
25A. DATE REC'D BY HEALTH DEPT.   25B. NAME OF REGISTRAR		RESS
EB 1 1075 P.C. & Z. C. JACK		
En T 1211 respects of supportunity	Armacost Funeral Chapel-4	oud Liberty Hts

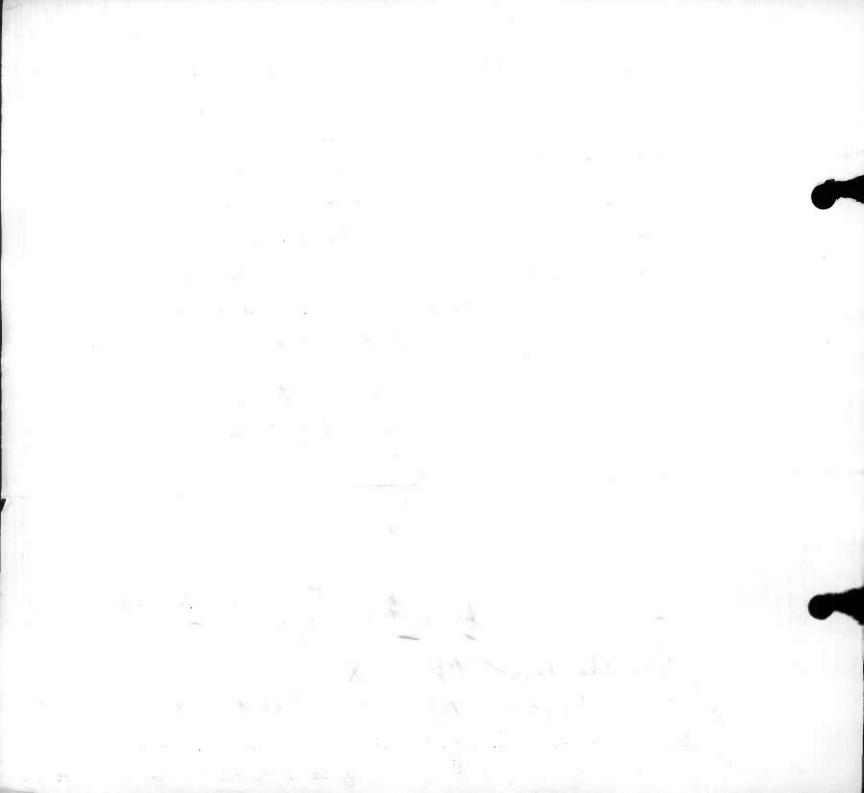
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IMPORTANT

DIRECTOR:

FUNERAL

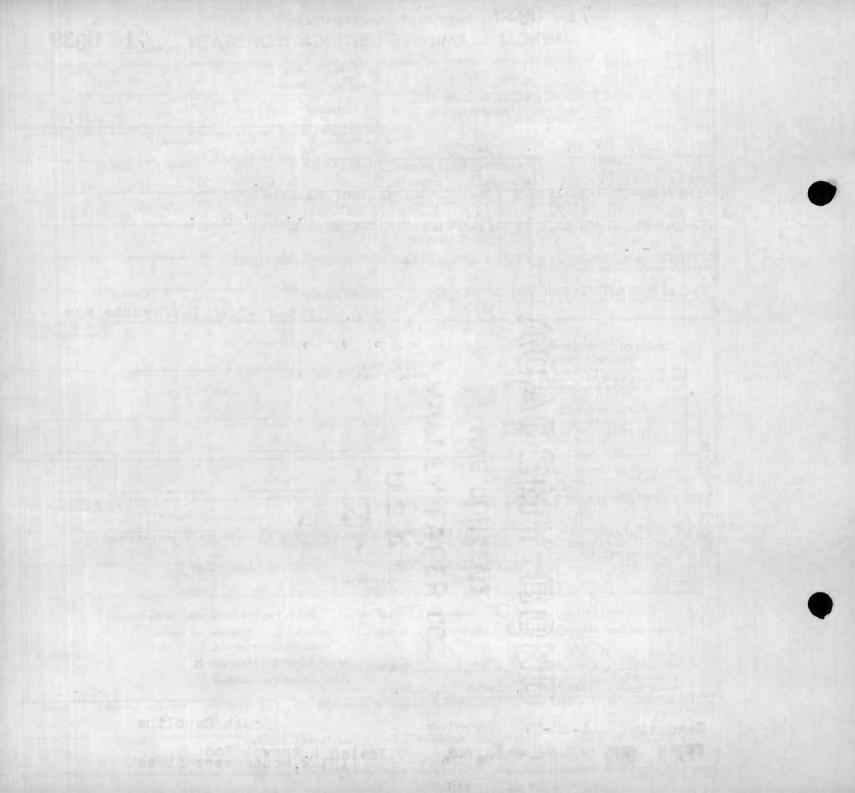


BALTIMORE CIT	Y HEALTH DEPARTMENT		F:4 0=00
CERTIFICA	TE OF DEATH	REG. NO	71 0938
YN VIRGINIA			71 <sub>1</sub> 5:15P
UNCED DEAD	4. USUAL RESIDENCE (When	e deceased lived It in	stitution: residence before admission
UTION. GIVE STREET	MARYLAND c. CITY OR TOWN		DE CITY LIMITS?
PITAI	E. STREET AND NUMBER		YES X NO
	2218 ANNAPOL	IS RD	
NEVER MARRIED DIVORCED	03/28/05	lost bighdoy)	Months Doys Hours Min.
F BUSINESS OR INDUSTRY	MARYLAND	gn country)	12. CITIZEN OF WHAT COUNTRY?
16. SOCIAL SECURITY NO.	ST AGNES HOS	BALTIMOR PITAL WIL	E MD 27229 KENS & CATON AVE
(A) IMMEDIATE CAL	H ISE SEPTICE M		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
/		EN	
	A CONSEQUENCE OF:		***************************************
	***********		
grace black	NO I	IN CERTIFYING CAU	SES OF DEATH?
FLACE OF INJURY (e.g., in e, form, loctory, street, al	or about 21 C. WHERE DID		City, give exact location)
INJURY OCCURRED  Not White k At Work		RY OCCUR?	
		70 to JANU	ARY 27 1971
JANUARY 27	19 <u>71</u> and that	finXny) (aur) apini	an death occurred on the date
X(Me) (qiq) 強拗X炒() ^	ew the body after death.		
	ding Med. S		23 B. DATE SIGNED
ar Okto	2D ADDAGG		0 21229
M MD			
ME of CEMETERY OF CRE		CATION (City,	NS & CA ON AVES town, or caunty) (State)
eland Mem. Pk		Taylor Ave	, Balto, Md.
F REGISTRAR 0 0	25C. FUNERAL DIRECTOR	1	ADDRESS
	CERTIFICA  YN VIRGINIA  YN YN YN YN YN YN YN YN YN YN YN YN YN Y	VINCED DEAD  WINCED DEAD  WINCED DEAD  WINCED DEAD  WARYLAND  CCITY OR TOWN  BALT I MORE  E. STREET AND NUMBER  2218 ANNAPOL  O3/28/05  F BUSINESS OR INDUSTRY 11. BIRTHPLACE ISIDE OF Iore  MARYLAND  14. MOTHER'S MAIDEN NAM  ANNA KEARNES  16. SOCIAL SECURITY NO.  213169924  STAGNES HOS  CAUSE OF DEATH  (A) IMMEDIATE CAUSE  DUE TO, OR AS A CONSEQUENCE OF:  (C)  WHICH OPERATION  FACE OF INJURY (e.g., in or obout 21C, WHERE DID (e., form, loctory, sheet, alfice bidg, injury OCCURY  INJURY OCCURRED  INJURY OCCURRED  AT WORK  AND  AHENDING  AND  AHENDING  AHENDING  AND  AHENDING  AHENDING  AHENDING  AHENDING  AND  AHENDING  AND  AND  AHENDING  AHENDING  AND  AND  AHENDING  AND  AND  AND  AND  AND  AND  AND  A	CERTIFICATE OF DEATH  REG. NO.  YN VIRGINIA  JANUARY 27, 19  A. USUAL RESIDENCE (Where deceased lived, it in JANUARY 27, 19  A. STATE  MARYLAND  CCITY OR TOWN  BALT I MORE  E. STREET AND NUMBER  2218 ANNAPOLIS RD  NEVER MARRIED  JI. BIRTHPLACE (State or lareign country)  MARYLAND  14. MOTHER'S MAIDEN NAME  ANNA KEARNES  16. SOCIAL SECURITY NO. 213169924  CAUSE OF DEATH  (A) IMMEDIATE CAUSE  (B) DUE TO, OR AS A CONSEQUENCE OF:  (C) JARETIS, MICLIFICATION  WHICH OPERATION  WHICH

S

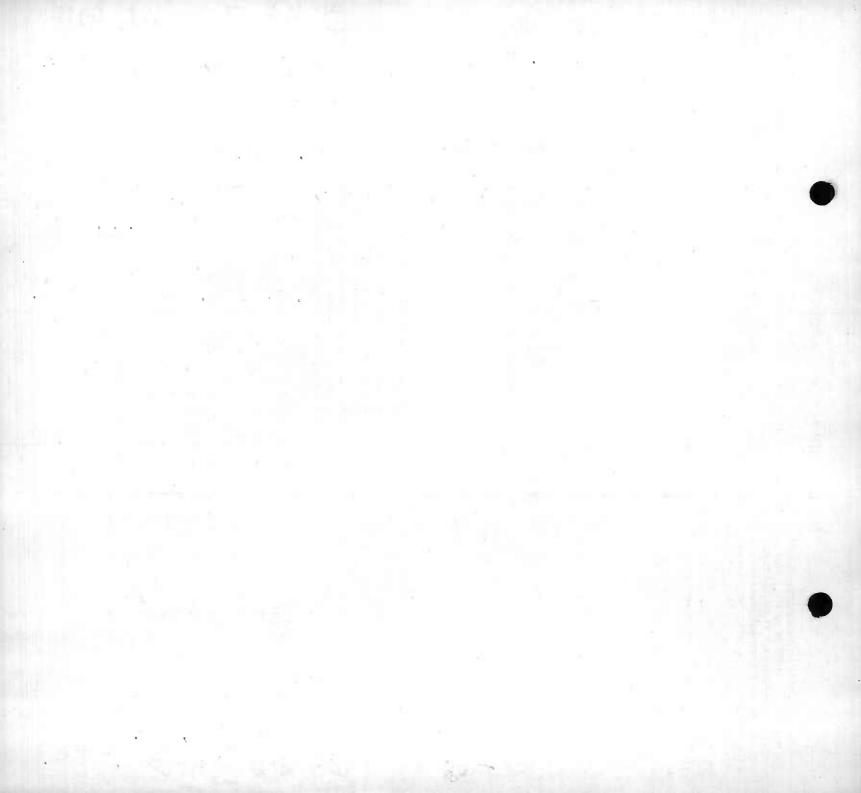
ALTERNATION AND ACTION OF THE PARTY OF THE P

71 0939 7-436 MEDICAL I	BALTIMORE CITY HE	ALTH DEPARTMENT CERTIFICATE OF DI	EATH REG. NO.	0939
1. NAME OF DECEASED (Type or Print)  AVANCE FELD	DER	2. DATE Known Mo	onth Day Y	eor Hour
4. PLACE IN BALTIMORE, MARYLAND, WHERE PROPE FULL NAME OF HOSPITAL OR INSTITUTION ADDRESS OR LOCATION)  South Balto. Gen. Hosp	TION, GIVE STREET	DEATH	1 22 19	Peor Hour 9:40 p N
	NEVER MARRIED	C. CITY OR TOWN Balto.	D. INSIDE CITY LIA	NO 🗆
lost birthdoy) Me	Under 1 Yr. if Under 24 Hrs. onths: Doys   Hours   Min.	E. STREET AND NUMBER 524 S. Hanove		
S=Ce 14A.USUAL OCCUPATION (Give kind of work) 148, KIND O	CITIZEN OF WHAT COUNTRY?  F BUSINESS OR INDUSTRY	13. FATHER'S NAME		
done during most of working life, even if retired)  1.  16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)((if yes, give wor or dotes of service)	117. SOCIAL	18. INFORMANT	ADDRES	SS
119.	CAUSE OF DEAT	Ada Williams-25	20 Layfayett	APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. it means the disease, injury or complication which coused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.  II  OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1 (A).	(A) IMMEDIATE C DUE TO, OR A (B) DUE TO, OR A (C)	orphosis of liver  AUSE S A CONSEQUENCE OF:  AS A CONSEQUENCE OF:		
DISEASE OR CONDITION GIVEN IN PART 1 (A).		S PERFORMED	21. A	AUTOPSY? (Yes or No)
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH.	ne, torm, toctory, street, office	In or obout 22C. WHERE DID (If in E		yes
OF INJURY	WHILE AT NOT WORK AT WE	22F. HOW DID INJURY	OCCUR?	
I certify that I held on Inquiry resulted from: Noturel couses ACTUAL SIGNATURE EXAMINER'S NAME (Type) Ronald N. Ko:	Accident Suicide M.D. Suicide M.D.	e Homicide Unde CHIEF MEDICAL EXAM ASSISTANT MEDICAL EXAM ASSOCIATE MEDICAL EXAM	INER 🛣	DATE SIGNED  1-27-71
REMOVAL (Specify)	AC. NAME of CEMETERY of		ATION (City, town, or co	
	E OF REGISTRAR	sa ah L. Brown&		s



T-626 BIRTH NO.	71	0940		HEALTH DEPARTM		REG. NO	71	0940
1. NAME OF DECE	ASED		mpipe .	2. [	DATE AND	HOUR OF DEATH		
L /	ragier M	is von	othy O.		1/27/7	1- 8.4	5. P.M	84
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONOUNC	ED DEAD	4. USUAL RESIDEN	CE (Where do	Balton	stilution: residence	before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA			MARYLA C. CITY OR TOWN	PND		IDE CITY LIMITS?	300
CHURCH	HOME AI	UD HOS	PITAL	BALTI	MOR	E		по П
350	BALTIMO.	RE - 2	2/231	E. STREET AND NU		1 And	9	
5. SEX	6. RACE	MARRIED TI	NEVER MARRIED	8. DATE OF BIRTH	9. A	GE (In years	If Under 1 Yr.	If Under 24 Hrs.
1	$\omega$	WIDOWED	DIVORCED	4-1-2	9	birthdayl	Months Doys	Hours Min.
done during most of we	PATION (Give kind of work) orking tife, even if relired)	IOR KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (Slot	o or foreign c	ountry)	12. CITIZEN OF	WHAT COUNTRY?
Marso	lake Tupi	st. Mont	. Ward. Co.	Muss	land			. S. A
13. FATHER'S NAM	E		Co.	14 MOTHER'S MAIL	DEN NAME			
Norman	1 Ker	Kensa	~-`	2ENO		COR	EV	
15. Was Deceased E	ver in U. S. Armed Fore	16.	SOCIAL	17. INFORMANT	ICH		ADDRE	
No	If yes, give war or doles	of sorvice!	SECURITY NO. 16-16-8615	7600 Mr	· Robe	rt to the	azien	55
(This does not heart failure, as injury or complete of the UNDERLYING  OTHER SIGNIFIC TO THE DEATH DISEASE OR COT	OR CONDITION DIRE EADING TO DEATH I mean the mode of a sthenia, etc. It means to lication which caused or NTECEDENT CAUSES  CONDITIONS, if an above cause (A) CONDITION lost,  II ANT CONDITIONS CON BUT NOT RELATED TO THE NDITION GIVEN IN PART	dying, e.g., he disease, death.)  ny, giving staling the  TRIBUTING TERMINAL 1 (A)	(B)	CONSEQUENCE OF		evin.		ONSET AND DEATH
19A-DATE OF O	PERATION 198 COND WAS PERFO	TION FOR WHIC	H OPERATION	20A. AUTOPSY? (Ye	os or No) 20 IN	B. IF YES, WERE F	INDINGS CONSIDUES OF DEATH?	DERED
OR CONTRIBUTI	WAS UNDERLYING NG CAUSE OF	21B. PLAC home, for etc.)	CE OF INJURY (e.g., in m, factory, street, offi	or obout 21 C. WHERE INJURY OC	DID CU R?	(il in Boltimore	City, give exoct lo	cotion)
W IAC INITION	Month) (Day) (Year)	(Hour) 21E INJU	JRY OCCURRED	21F. HOW D	DID INJURY	O C CUR?		
(APPROX.)		While At	Not While					
that (1) (we) to	pat (1) (this hospital) est sow the deceased	attended the de	ceased from /	19_7/	19		/ - 27	19_2/
and haur and f	rom the causes state	d abave. (I) (We	ly (ton blb) (bib) (	w the bady after a	ieath.			
23A. SIGNATURE	magnes		Attended Phys.	ling Med.	Staff Phys.		238, DATE SIGNE	
23C. PHYSICIAN NAME (Type	1 SHEE	RAMAI		CHURCH	1 e		D Hosp	7786
24A. BURIAL CREMA REMOVAL (Spe	ATION, 248. DATE	24C. NAME		ATORY	24D. LOCAT	ION (City	, town, or county)	(State)
Burial	1/31/17	1 Bethe	sda (emeter	y	Morris	stown, Te	nnessee	
FEB 1 10	and the second second	Salber Ka	O O	2SC, FUNERAL DI	rector Inally II	rc. 3000	E. Balti	more 5t





Q dax			BALTIMORE CITY	HEALTH DEPARTMENT	100	
BIRTH NO.	71	0942	CERTIFICA	TE OF DEATH	REG. NO	71 0942
1. NAME OF DEC				2. DATE	AND HOUR OF DEATH	- 05
2 PLACE IN BALL	TANCES C	). BAI	LEY		27/71	9- A.A
S. PLACE IN BAL	IIMORE MARILAND, Y	WHERE PRONO	UNCED DEAD	A. STATE B. CO	here deceased lived. If in	astitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	TAL OR INSTIT	UTION, GIVE STREET	PENNA.	YORK	IDE CITY LIMITS?
MARYLA	HD SEN	ERAL	HOSPITAL	DELTA		YES NO
48				E. STREET AND NUMBER	STREET	
5. SEX	6. RACE	7- MARRIED	TAIRWED MADDIED [T	8. DATE OF BIRTH	9. AGE (In years	I II II - 1 V. K. II I - 01 II
F	WHITE	WIDOWED	DIVORCED	9/20/89	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A, USUAL OCCU	PATION (Give kind of wor vorking life, even if retired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	oreign country!	12. CITIZEN OF WHAT COUNTR
House				Times	1 1/2	V.S.A.
3. FATHER'S NAM				TARIFE V	AME	0,3,12.
111	LIAM C.	_				
5 Was Parasad	From in 11 C America	ELLI		INDRY L	ANE SMI	
res, no or unknown)	Ever in U. S. Armed Fo. (If yes, give wor or dot	es of service)	SECURITY NO.	IV. INFORMANT '		ADDRESS
No			398-01-12862	MRS. C. PARK	SCAPERPALIC	H. JR. DELTA PA.
18. / 60	2./1		CAUSE OF DEAT	Н		APPROXIMATE INTERVAL
DISEAS	E OR CONDITION DI	RECTLY				BETWEEN ONSET AND DEATH
	LEADING TO DEATH		(A) IMMEDIATE CAU	Carcinono	2 Leman	1 year
1This does no	ot meen the mode of asthenia, etc. It means	dying, e.g.,		A CONSEQUENCE OF:	-	
injury or camp	plicotion which caused	deoth.)				1
A	NTECEDENT CAUSES					
	R CONDITIONS, If		(B)	A CONSEQUENCE OF:	****	
rise to the	above cause (A)	stating the	002 10, 01 10	A CONSEQUENCE OF:		
UNDERLYING	CONDITION lost.		(c)			
-	- 11					
OTHER SIGNIFICATION THE DEATH	CANT CONDITIONS CO	NTRIBUTING HE TERMINAL	arten	elenter C	v D	10 92
	INDITION GIVEN IN PAR	RT 1 (A).				
	OPERATION 198 CON WAS PER	FORMED	HICH OPERATION	20A. AUTOPSY? (Yes or	No.) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUT	T WAS UNDERLYING TING CAUSE OF	21 B. hometc.)	PLACE OF INJURY (e.g., in e, farm, factory, street, of	or obout 21C, WHERE DID	(If In Boltimor	e City, give exect location)
OF INJURY	(Months (Doy) (Year)		INJURY OCCURRED	21F. HOW DID II	JURY OCCUR?	
(APPROX.)		Whi	e At Work			
22. I certify t	that (1) (this hospital	) attended th		Jan 1970	10 to	1/27 1971
	ast saw the decease					, , , , , , , , , , , , , , , , , , , ,
						nian death occurred an the dat
23A. SIGNATUR		red abave. (I)	(Te) (did) (did nat) v	lew the bady after death	•	
	, 0		An-	odła em 11.1 —	C. #	23B, DATE SIGNED
W./v			DE GREE Phys	nding Med.	Staff Phys.	1/27/71
23C. PHYSICIAN NAME (Ty	4°S pel			3D. ADDRESS		· · · · · · · · · · · · · · · · · · ·
W. 1		HENA		1488	su st	B. 10 . ) 1
4A. BURIAL CREM	ATION, 248, DATE		ME of CEMETERY of CRE	MATORY 24D.	LOCATION (Cit	y, town, or countyf (Stote)
REMOVAL (Sp	pecify)				* 14	7 -
DURIA	- "		SLATEVI			ORK CO., PA.
SA. DATE REC'DA	DEPT.	25B, NAME O	REGISTRAR	25C FUNERAL DIRECTO	R	ADDRESS
red 1 1	UTT VASAGE	No. Ros	MA I		HARKINS	DELTA, PA.



IMPORTANT FUNERAL DIRECTOR:

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) D. INSIDE CITY LIMITS? YES NO If Under 1 Yr. If Under 24 Hrs. Manths Days Hours 12. CITIZEN OF WHAT COUNTRY? ADDRESS Mrs. Hirniak 1613 Popland St BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes at No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimare City, give exact location) and that in(my) ( opinion death accurred on the date 23 B. DATE SIGNED St. Catherines Ontario rsc funeral director Home, 4200 Pennington Ave VS 150-REV. 1/1/6B

BALTIMORE CITY HEALTH DEPARTMENT

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3.00

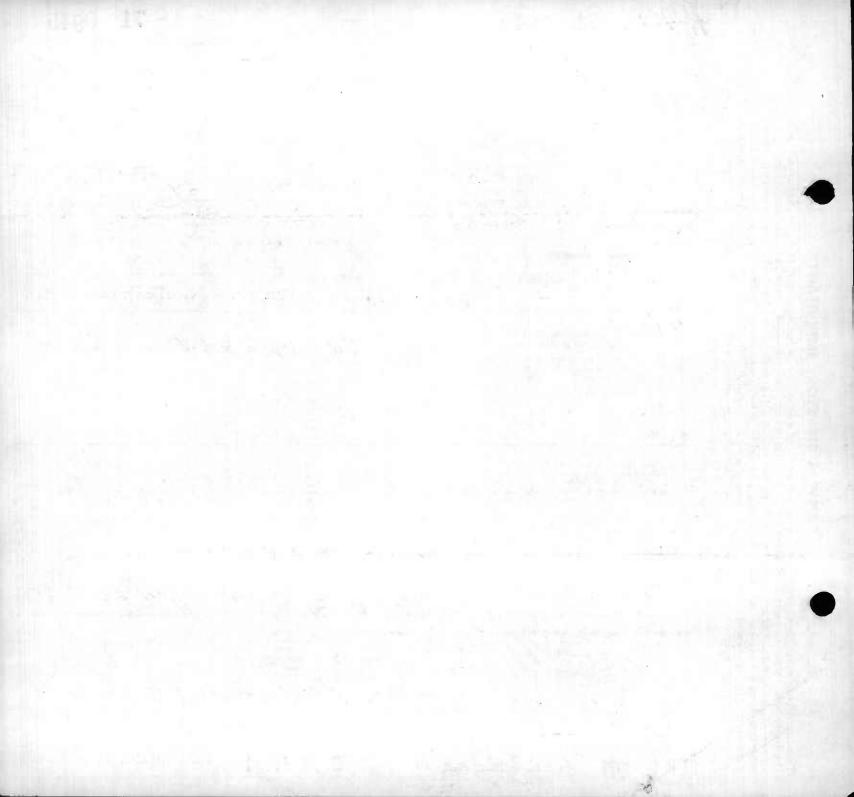
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0	to a	0 11	BALTIMORE CITY	HEALTH DEPARTMENT		PH.A	0044
6 -252 BIRTH NO.	71	0944	CERTIFICA	TE OF DEATH	REG. NO	1/1	0944
1. NAME OF DECEASED				2. DATE	AND HOUR OF DEAT	н	
(Type or Print)	ss, Fran	alise m.		1-21	7. 71	1	a31 a
3. PLACE IN BALTIMORE,	MARTLAND, W	HERE PRONOUN	CED DEAD	4. USUAL RESIDENCE IW	here deceased lived, II	institution: resid	ence belove admission
				A. STATE B. COL	JNTY	1	1
FULL NAME OF (IF	DREES OR LOCA	TIONS	ON. GIVE STREET	marylix	L Ann	efrance	1 301-00
INSTITUTION	aldemore	Horstal	Hospild	C. CITY OR TOWN	D. IN	ISIDE CITY LIMIT	157
> man ~				DESTRUCKE 3	en Dunie	-YES-LE	NO 4
./				E. STREET AND NUMBER			
140				700 (Ex/22)	alxxIIE		
5. SEX 6. RACE		7. MARRIED Y	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1	Yr II Under 24 Hrs
1. 1. 1	1.7	WIDOWED	DIVORCED	11-20-80	lost birthdoyl	Months Do	ys Hours Min.
Tomale WA	IGINA kind of work			11-20-99	7/		
done during most of working lif		IND. MIND OF B	Dallacas OK INDUSTRE	11. BIRTHPLACE [State or fo	reign country)	12. CITIZEN	OF WHAT COUNTR
TIMSELVE		Hom	4	marylixL		71.	5.19
13. FATHER'S NAME		,,,,,,,,	60	14 MOTHER'S MAIDEN N	AME		
70 1	0			0	,		
	oxerad	5.		(reamer, Ca	Thriexe		
5. Was Deceased Ever in   Yes, na or unknown) (if yes,	give was or deter	of servicel	SECURITY NO.	17-INFORMANT		AC	DRESS
1.0	1 - 00 00	^ /		111	11 0	0.	
18. 1 6 1 00	00000	121	15-07-0412-13	HUSO BEN JOSEN	6 100	Extral	ave sue.
101.70	1250	9.19	CAUSE OF DEAT				PPROXIMATE INTERVAL
	ONDITION DIR	ECTLY		Ve alle A	1 . f-f-	0	
	G TO DEATH		(A) IMMEDIATE CAU		10-mestino		
(This does not mean heart failure, asthenia	eic. It means	the disease.	DUE TO, OR AS	CONSEQUENCE OF:	haar	1	
injury or complication			0	199-1		noge	
ANTECES	DENT CAUSES		le-		(2 N.O.	1.1	
DISEASES OR CON	DITIONS II	au aluian	(B) DUE TO, OR AS	A CONSEQUENCE OF:	- Circuit	neum	**************
rise to the above			DOE 10, OR AS	A CONSEQUENCE OF:		) 1	
UNDERLYING COND	ITION lost		(c)				
	11						
OTHER SIGNIFICANT CO	NDITIONS CON	TRIBUTING	1.t. 6	+101	7.1	a- M. 10.0	-
E I 10 THE DEATH BUT NO	OT RELATED TO TH	E TERMINAL	fluerosci	entic heart dis	ease, Diabe	les l'élul	
DISEASE OR CONDITION			ICH OPERATION	20A. AUTOPST? IYes or	No) 208, IF YES, WER	ENDINGS CO	NSIDERED
	WAS PERF	ORMED	TOTAL OF EXAMINITY	YES	IN CERTIFYING C	AUSES OF DEA	TH?
21A ACCIDENT WAS	MAIDERI VINIC	2010 04	Act of hillion (				
OR CONTRIBUTINO	CAUSE OF	nom e <sub>r</sub>	farm, fociory, street, of	or about 21C. WHERE DID	(If In Boltim	ore City, give ex	oct location)
DEATH inotify medical	exominer)	etc)					
21D. YIME (Month)	(Doy) (Year)	(Hour 21E IN	JURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
OF INJURY		While	At   Not While				
		Work	At Work				
22. I certify that (1)	(this hospital)	ottended the	deceosed from	-21-71	19to	27-71	19
that (N (we) lost so	v the deceased	d olive on	************************	19ond 1		lulan daadh a	
						inion decin o	ccurred on the dot
	e couses state	ed obove. (1)	We) (did) (did qot) v	ew the body ofter death	•		
23A. SIGNATURE	11/2.		MD			238. DATE SI	GNED
17	the state of		Dhu	eding Med.	Staff Phys.	1-2:	7-71
23C.PHYSICIAN'S	1	1	DEGREE	3D. ADDRESS			11
NAME (Type)	AYE N	10 15					
		IGWE.	DEGREE				
REMOVAL (Specify)	248. DATE	24C.NAM	E of CEMETERY or CRE	MATORY / 24D.	LOCATION (	City, town, or co	uniy) (Stotel
7-3	1/30/21	/a/p.	n Haven!	1emilarit	Glen Bul	misi	MA
25A, DATE REC'D BY WEAR	TH DEPT.	250 NA 644 65	TO THE COURT	1000 0000		11.6	10
CED 4	O O	25B. NAME OF	REGISTRAR	25C FUNERAL DIRECTO	21 5	ingletont	ADDRESS Home
LER 1 1971	His Bert	. Valley	KA	10/ July	8000	16 m 13m	nes MI
/S 150-REV. 1/1/68			b-				



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

C 250 my 0-4	BALTIMORE CITY	Y HEALTH DEPARTMENT	VI 0940
5-252 71 094	CERTIFICA	TE OF DEATH REG. NO.	
NAME OF DECEASED			
Type or Print) (1	4	2. DATE AND HOUR OF DEAT	1045
SZACHNOWIEZ	-, ANNA	1-27-71	D M
PLACE IN BALTIMORE, MARYLAND, WHERE	PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If	institution; residence before admission)
		A. STATE B. COUNTY	7113
JLL NAME OF (IF NOT IN HOSPITAL OF ADDRESS OR LOCATION	R INSTITUTION, GIVE STREET	Mo	07.7
ISTITUTION ADDRESS OF EOCATION	1)	C. CITY OR TOWN D. IN	ISIDE CITY LIMITS?
143		Baltimore	YES ANO T
70		E. STREET AND NUMBER	163 160
South Baltimore Ge	neral Hospital		ect
A P U	ARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birthday)	
/-	DOWED DIVORCED	12-4-80 lost birthdoy)	Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 108, 1			12. CITIZEN OF WHAT COUNTRY
ne during most at working life, even if retired)		101	
HOUSEULIE		Poland	1500
FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
7	, ,	b	
Venion Frang	chak	Andrachuch	
Was Deceased Ever in U. S. Armed Forces? es, no or unknown) (If yes, give war or doles of s	16. SOCIAL	17. INFORMANT	ADDRESS
	service SECURITY NO.		
NO	219-30-7786-6	MR. ALEKSY STACHNO	WICT-
18.	CAUSE OF DEAT	H	APPROXIMATE INTERVAL
101.0			BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTL	Υ	1044	
LEADING TO DEATH	(A) IMMEDIATE CAU	RE JUM Cuma	_
This does not mean the mode of dying	G. C.C. DUCTO OD AC	A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the a	isease.		1
injury or complication which caused death	11 A	1 0	
ANTECEDENT CAUSES	Let. of	hole I mell morrio	
DISEASES OR CONDITIONS, if any,	giving (B) DUE TO, OR AS	A CONSEQUENCE OF:	
rise to the above cause (A) statis	giving DOE 10, OR AS		
UNDERLYING CONDITION lost	12/1/1/1	artus recentions.	
Citation Constitution loss	(c)		
OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING		
TO THE DEATH BUT NOT RELATED TO THE TER	MINAL		
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO THE TER DISEASE OR CONDITION GIVEN IN PART 1 (A) 19A. DATE OF OPERATION 19R CONDITION WAS PERFORMED.	N FOR WHICH OPERATION	120A ALLYCORYO (Von on Mail 2008 of Yes Allen	
WAS PERFORMI	ED CHARLES	20A-AUTO STATES OF No. 20R IF YES, WERE	AUSES OF DEATH?
		1 VI V	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTINO CAUSE OF	21 B. PLACE OF INJURY le.g., in	n or about 21 C. WHERE DID (II In Baltim	are City, give exact location)
DEATH (notify medical examined)	etc.)	mee modelingors occors	
210.TIME (Manth) (Day) (Year) (Has	ut 21 & INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While AL   Not While		
(APPROX)	Wark At Work	I a-H	1 271
22. I certify that (1) (this hospital) atte	adad sha danaan I f	(NIL 21 1071 10	tors. 2/14 107/
I certify that (i) (this nospital) affe	COLUMN TOP DECRESSED FROM	19 // to	19/
	2-74		
that (1) (we) last sow the deceased all	11 2-76	19 7/ and that In(my) (our) or	Inlon death occurred an the date
The state of the s	ve on / 1 2725		olnion death occurred an the dote
and hour and from the causes stated at	ve on / 1 2725		olnion death occurred an the dote
· · · · · · · · · · · · · · · · · · ·	ve on / 1 2725		olnion death occurred an the dote
and hour and from the causes stated ab	ve on 2724 bove. (1) (We) (dld) (did not) v	nding Med. Staff To	
ond hour and from the causes stated at 23A. SIGNATURE Nesley ko	ve on 2724 bove. (1) (We) (dld) (did not) v  Materia MU Atte	nding Med. Staff Phys. Director Phys.	23B. DATE SIGNED
and hour and from the causes stated at	ve on 2724 bove. (1) (We) (dld) (did not) v  Materia MU Atte	nding Med. Staff To	
ond hour and from the causes stated at 23A. SIGNATURE  Veoleg ko 23C. PHYSICIAN'S NAME (Type)  VEDELJK  A. BURIAL CREMATION, 124B. DATE	Ve on N. 27th Degree (1) (We) (dld) (did not) v  Materia M. Atternation Physics O MATESIC DEGREE	nding Med. Staff Phys. 220. ADDRESS SOUTH BALTO. GENERA	23R. DATE SIGNED  JOU 2747  HOSPITAL
ond hour and from the causes stated at 23A. SIGNATURE  NEOLEG & O 23C. PHYSICIAN'S NAME (Type)  NEDELJK	Materia MA Attended to MATESIC	nding Med. Staff Phys. 223D. ADDRESS SOUTH BALTO. GENERAL	238. DATE SIGNED  JOU 2747  HOSPIFAL  City, town, or county) 15tole)
ond hour and from the causes stated at 23A. SIGNATURE  VEOLEG & O  23C. PHYSICIAN'S NAME (Type)  VEDELJK  A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify)  BURIAL T-30-71	MA 27 Character of CRE  ST. ANDREWS	Ilew the body after deoth.  Inding Med. Staff Phys. 223D. ADDRESS BOUTH BALTO. GENERAL MATORY  24D. LOCATION (C. B.M.)  SEM. BALTO. ML	238. DATE SIGNED  JOU 2747  HOSPITAL  City, town, or county) 15tole)
ond hour and from the causes stated at 23A. SIGNATURE  VEOLEG & O  23C. PHYSICIAN'S NAME (Type)  VEDELJK  A. BURIAL CREMATION, 24B. DATE REMOVAL ISpecify)  BURIAL T-30-71	MA 2724 bove. (1) (We) (dld) (did not) v  Materia M. Amp Phys  O MATES/C  DEGREE  24C, NAME of CEMETERY of CRE	nding Med. Staff Phys. 223D. ADDRESS SOUTH BALTO. GENERAL	238. DATE SIGNED  JOU 2747  HOSPIFAL  City, town, or county) 15tole)
ond hour and from the causes stated at 23A, SIGNATURE  VEOLET KO  23C. PHYSICIAN'S NAME (Type) NEDELJK  A. BURIAL CREMATION, 24B, DATE REMOVAL ISpecify  84R19444 1-30-71	MA 27 Character of CRE  ST. ANDREWS	Ilew the body after deoth.  Inding Med. Shaff Med. Director Phys. Med. Phys. Director Phys. Director Phys. Director Phys. Director Phys. Director Phys. Director Phys. Director Director Phys. Director Director Phys. Director Director Phys. Director Director Phys. Director Director Director Phys. Director Dire	23B. DATE SIGNED  OU 2747  HOSPITAL  City, town, or county) 1State)  ADDRESS
a. BURIAL CREMATION, REMOVAL ISpecify  BURIAL SPECIFIC SPECIFIC SURVEY STATES  ALL BURIAL CREMATION, 24B. DATE  REMOVAL ISPECIFY  1-30-71	MA 27 Character of CRE  ST. ANDREWS	Ilew the body after deoth.  Inding Med. Shaff Med. Director Phys. Med. Phys. Director Phys. Director Phys. Director Phys. Director Phys. Director Phys. Director Phys. Director Director Phys. Director Director Phys. Director Director Phys. Director Director Phys. Director Director Director Phys. Director Dire	238. DATE SIGNED  JOU 2747  HOSPITAL  City, town, or county) 15tole)

11/3/70 1333 5. Linwood AV

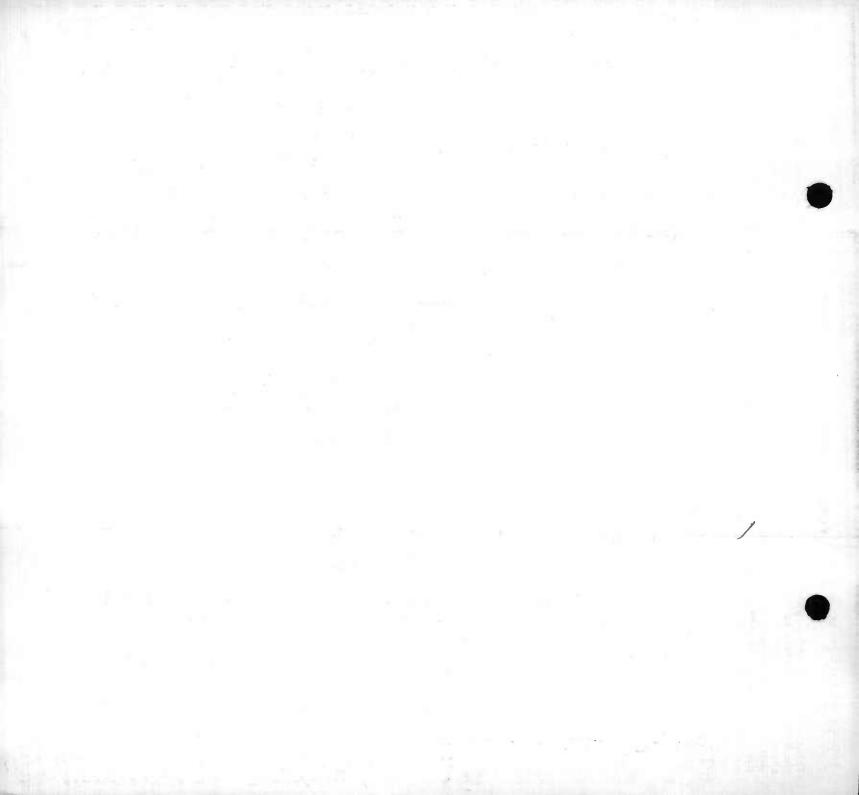


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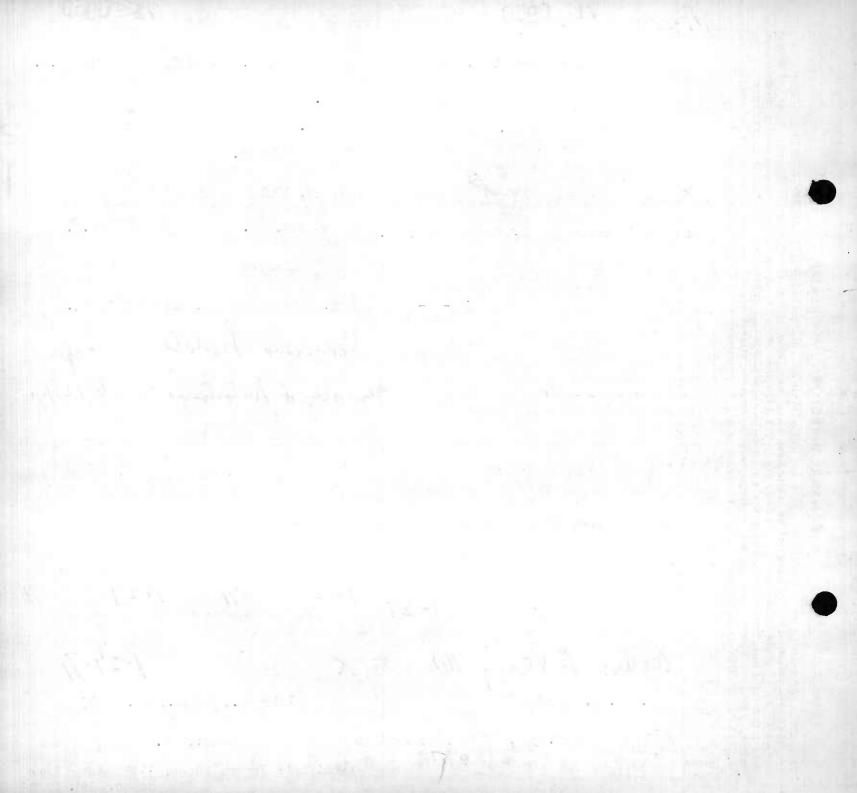
DIRECTOR:

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Balto., Md.



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Brehms Lane

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DIRECTOR:

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150-REV. 1/1/68

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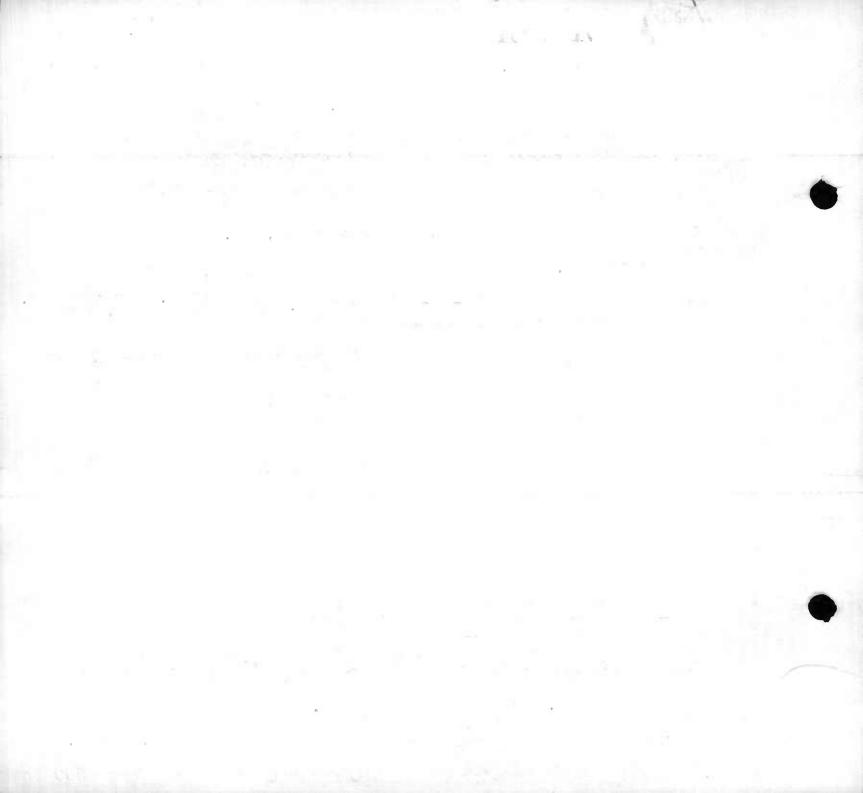


	2 050		BALTIMORE CITY	HEALTH DEPARTMENT		m/4 0	- +0
BI	RTH NO.	71 0	952CERTIFICA	TE OF DEATH	REG. NO	39/1000	952
(1)	NAME OF DECEASED  The or Print) Digh am	James	s E		AND HOUR OF DEATH	H   //-	15- PM
3.	PLACE IN BALTIMORE, MARYLA	ND, WHERE PRONC	DUNCED DEAD	4. USUAL RESIDENCE (WI	here deceased lived. If	institution: residence be	fore admission)
H	ULL NAME OF OSPITAL OR ADDRESS OF BALLIMOTE City Ho	HOSPITAL OR INSTI-	TUTION, GIVE STREET	c. CITY OR TOWN		ISIDE CITY LIMITS?	11
1/	-			Dalto		YES 🗵 NO	
1	4940 Eastern Aven			E. STREET AND NUMBER 614 South E	ast Avenue	21224	
	Baltimore, Maryla			8. DATE OF BIRTH			
	Male White	WIDOWED		7-15-00	9. AGE (in years lost birthday) 70	If Under 1 Yr. if Months Doys Ho	Under 24 Hrs.
dai	LUSUAL OCCUPATION (Give kind ne during most of working life, even if a Retired	elired)	tired janitor	England	reign country)	12. CITIZEN OF WE	IAT COUNTRY
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME		
	<b>y</b> nknow	n		υ	ınknown		
5. Ye	Was Deceased Ever in U. S. Ams, no or unknown) (If yes, give wor		16. SOCIAL SECURITY NO.	17. INFORMANT		ern Ave <b>ARRH</b> ESS	21.224
		II Army	087-22-7613/		s Daitimore	, maryland	21224
	18.412.41		CAUSE OF DEAT	н			ATE INTERVAL
	DISEASE OR CONDITION			(1+4=		i 11	WOK
	(This does not mean the ma	de of dving en	(A) IMMEDIATE CAU	A CONSEQUENCE OF:	*************	1 4	ren
	heart failure, asthenia, etc. It injury or complication which a	meons the disease,	,				
	ANTECEDENT CA		AS	CVD		14	LR
	DISEASES OR CONDITIONS			A CONSEQUENCE OF:	******************************		13
	rise to the above couse UNDERLYING CONDITION to	(A) stoling the		USestin d	elland	manno	KION
			(0)	MALLUN W	<del>zuitania</del>	Juliu a	
NO	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE	S CONTRIBUTING					
ATI	IDISEASE OR CONDITION GIVEN	IN PART 1 (A).	***************************************	*****************			
ERTIFICATION	19A-DATE OF OPERATION 198	CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or h	IN CERTIFYING	FINDINGS CONSIDER	ED
CERT				NO			
SAL C	21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	F honelc.	ne, form, factory, street, of	n or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	(If in Boltimo	ore City, give exact locat	ian)
EDIC	21D-TIME (Month) (Doy) OF INJURY	(Yeor) (Hour) 21E	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
ž	(APPROX)	Wh	ile At   Not While				
	22. 1 certify that W (this ho	Wo	ork L Al Work	11/3/71	10 6) ( +0 //	126171	
	that (N (we) lost saw the de						19
				IYond t	nat in (pyr) (aur) op	inian death occurre	on the dote
	and hour and from the cause	s stated obove.	m (me) (did) (did-nof) v	iew the bady ofter death	<u> </u>	OOR DATE COME	
	( has	1 1 21	Atte	nding Med.	Stell in	23R DATE SIGNED	,
		131 14	DEGREE Phys	Director L	Shaff Phys.	11/2/11)	
	23C. PHYSICIAN'S NAME (Type)	-1-1-		ACAO Finance	erty Mospita	als	
244	J. Chasis M.D.		DEGREE AME of CEMETERY OF CRE	4940 Eastern A			
	BURIAL CREMATION, 248. DA					ity, town, or county)	(Stote)
254	burial   1/3		Holly Hill Cen		Balto., Mo	100000	•
		LE C. Jabe	TAL A G	Schimmek, Fu		3331 Brehma	
-	160 1 15/1	Leta be duesos	of the same	A Chirmanian La	TOTAL HOME,	צוותום זם בעעע	Tigric

H-610 71 0953 BALTIMORE CITY HEALTH DEPARTMENT 71 0953
BIRTH NO. HAROLD T. HAROLD T. HAROLD T.
T. NAME OF DECEASED (Type or Print) Harold L. Har way JAN. 14TH. 1971 1912 A.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Whore deceosed lived, Il institution: textdonde befato admission)  A. STATE  B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND
Whion ITemorial Hospital BALTIMORE YES INO
2935 ST. PAUL STREET
5. SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 7/7/99 II Under 14 Hrs. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)  12. CITIZEN OF WHAT COUNTRY?
Retired-Engineering-Research 7 cond USA
14. MOTHER'S NAME
Harry D. Herry Mary Cilkins
15. Was Deceased Ever in U. S. Armed Forces? (If es, no or unknown) (If yes, give wer or dates of service)  17. INFORMANT  ADDRESS  ADDRESS
YES WW I & II 216-32-5323 MRS. RUBY M. HARVEY - SAME
TISE OF CONCENTION DISEASE OF DEATH  CAUSE OF DEATH  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY  LEADING TO DEATH  (This does not mean the mode of dying a g. (A) IMMEDIATE CAUSE Co Te Gral 14470 m 60515  [This does not mean the mode of dying a g. (A) IMMEDIATE CAUSE Co Te Gral 14470 m 60515
(This does not mean the mode of dying, e.g., hoost failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES  (B) Conflict Conflic
DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:
rise to the abave cause (A) stating the UNDERLYING CONDITION last. (C)
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (A).
19A-DATE OF OPERATION 19B CONDITION FOR WHICH OPERATION 20A-AUTOPSY? (Yes of No.) 20B, IF TES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, loctory, street, office bldg. INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
While At Work At Work
22. I certify that (I) (this hospital) ottended the deceased fram
that (1) (we) last saw the deceased alive an
and haur and fram the causes stated abave. (1) (We) (dld) (dld not) view the body after death.
23A. SIGNATURE  Attending Med.  Director Phys.  23B. DATE SIGNED  1/14/7/
123C. PHYSICIAN'S NAME (Type) WILLIAM F. PENNER 3222S+Oacl ST Beltzizio
24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
BURIAL 1/16/71 :OUDON PARK CEM BALTO
EB 1 197 (256 & Land Cof REGISTRAR 256 FUNERAL DIRECTOR TE DEFELD HOME ADDRESS 6500 YORK RD. 21212
VS 150-REV. 1/1/6R



\*

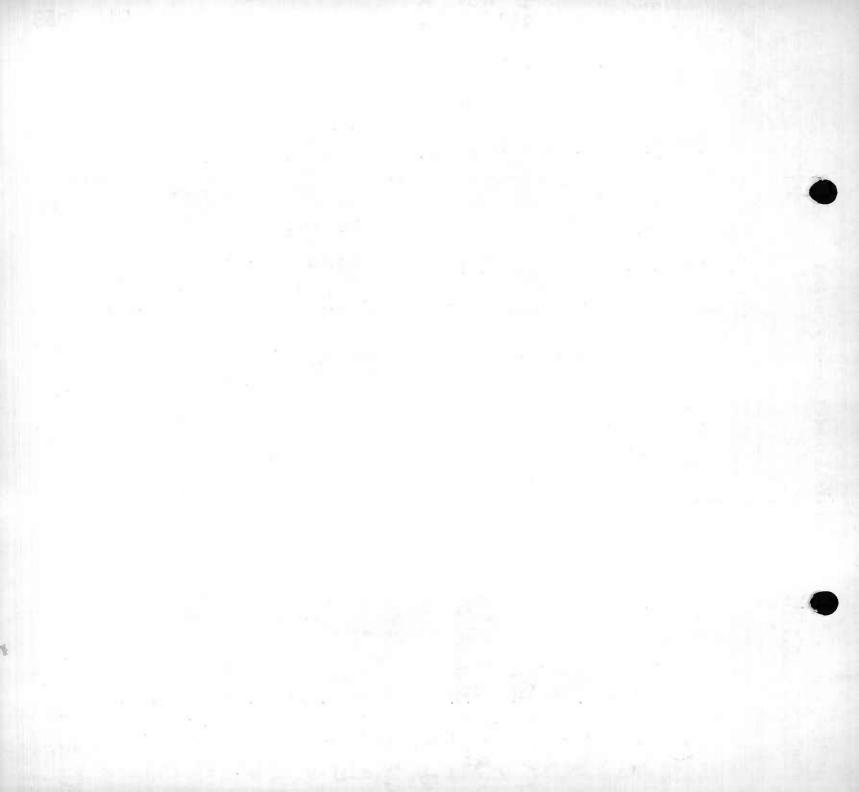


Lesia Vancanan ....

contests contests which

IMPORTANT

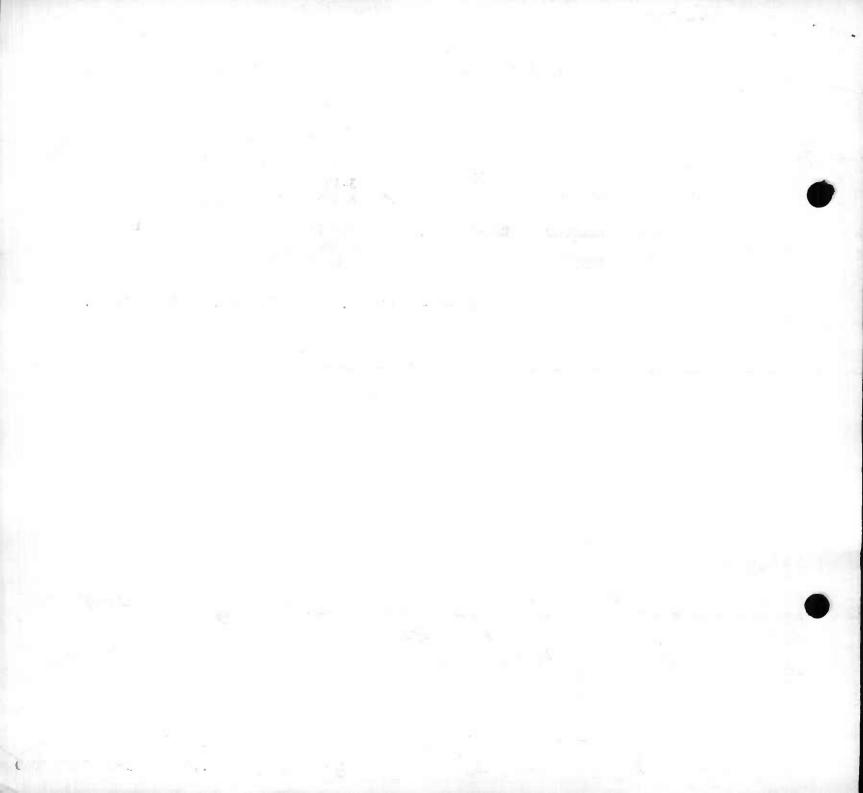
FUNERAL DIRECTOR:



	N-30	0 71	0957		Y HEALTH DEPARTMENT	REG. NO	71 0957
1.1	NAME OF DEC pe or Printl	EASED			2. DATE A	AND HOUR OF DEATH	
2	DI ACE IN BAL	PAULIN		MHI,		ary 28,197	71 1 6 A ,
FU	LL NAME OF			TION, GIVE STREET	Maryland c. GIY OR TOWN	NII	nstitution: residence before odmission
0	00	1422 Gitt	ings Av	enue	Baltimore  E. STREET AND NUMBER  1422 Gittin	ngs A <b>ve</b> nue	YES 🗵 NO 🗌
5. \$		6. RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr., Il Under 24 Hrs
	emale	caucasian	WIDOWED		April 16, 1894	- 76	Months Doys Hours Min.
GOR	HOUSEV	vife	10B, KIND OF	BUSINESS OR INDUSTRY	Maryland 14. MOTHER'S MAIDEN NA		USA
		Jacob 🕷	exetex W	ebster	MOTHER'S MAIDEN NA		s Walters
15. Y	Was Deceased	Ever in U. S. Armed For	ces?	6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No			18-50-8053	Mrs. Shirley D	odson	(Same)
F	OTHER SIGNIFI TO THE DEATH DISEASE OR CO	R CONDITIONS, if abave couse (A) CONDITION fost.  II CANT CONDITIONS CO. H BUT NOT RELATED TO TO DO THE PAR	Stating the	Pulmo	a CONSEQUENCE OF:	,	
ERTIFI	0	OPERATION 198 CON WAS PERI	ORMED		20A. AUTOPSY? (Yes or N	O) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
₹ S	DEATH Inotify	T WAS UNDERLYING TING CAUSE OF medical examines	21 B, P hame, etc.)	LACE OF INJURY (e.g., in form, foctory, street, af	or about 21C. WHERE DID fice bldg., INJURY OCCUR?	(II In Bollimor	e City, give exect location)
MED	21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	(Hour) 21E   While Work	At Work	21.F. HOW DID IN.	JURY OCCUR?	
		that (I) (this hospital last sow the decease			Moramber 1970 and the	19 66 to 28	annany 197/
	and hour and	from the causes stat	ed above. (I)	(We) (did) (did not) v	ew the body ofter death.		and the dole
1	23C PHYSICIAN	LUN BOOM	al	OEGREE AHer	nding Med. Director	Shaff Phys.	23R DATE SIGNED
	NAME II	DR. JOHN	W./BAR	NABY			e, Balto, Md.
	Burial	2/1/71	Balti	ne of CEMETERY of CRE		ocation (Circle)	y, town, or county) (Stole)
FE	B 1 1	971 Walsels E.	Value of	REGISTRAN	Deo Gard J6		Address -Balto, Md14



TERR	best it		BALTIMORE CIT	Y HEALTH DEPARTM	NT /	
BIRTH NO.		0958	CERTIFICA	ATE OF DEA	TH REG. NO	71 0958
(Type or Print)	-			2. D	ATE AND HOUR OF DE	ATH
3. PLACE IN BAL	TIMORE MARYLAND	Maux	100	// // // // // // // // // // // // //	-26-71	7 Pin +> N
or vence in the	MORE MARIEANI	, WHEKE PRONO	UNCED DEAD	A. STATE B.	E (Where deceased lived. COUNTY	If institution; residence before admission
FULL NAME OF HOSPITAL OR	(IF NOT IN HO	SPITAL OR INSTIT	UTION, GIVE STREET	Ind.	Ball 0 :	5300
HOSPITAL OR	NO DRESS OR E	OCA IION)		C. CITY OR TOWN	D.	INSIDE CITY LIMITS?
19					ORO	YES NO
Lana	r a			E. STREET AND NUM		4
5. SEX	6. RACE	7	-	1824 1	TARNET ROG	d
MALE	W/HITE	WIDOWED		8. DATE OF BIRTH 3-10  **XXXX - 0.4	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of	JPATION (Give kind of working life, even if retir	work 10B, KIND OI	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote	or loreign country)	12. CITIZEN OF WHAT COUNTRY
0	Tree KXXXXX		AIL GROCER	RUSSIA		USA
13. FATHER'S NA				14. MOTHER'S MAID	EN NAME	
GERS	ON FEINSTEI	N		REBECCA	?	
	Ever in U. S. Armed		1 6. SOCIAL	17. INFORMANT		ADDRESS
	(I) yes, give wer or	doles o) service)	SECURITY NO.		ETMOTETM 202	
NO 18.			the state of the s		EINSIEIN, 282	24 MARNAT RD. #21209
100	0 4 SI		CAUSE OF DEA	IH		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	E OR CONDITION LEADING TO DEA			man	.0. 1/	1: 10
IThis does n	of mean the mode	ol dving. e.g.,	(A) IMMEDIATE CA	A CONSEQUENCE OF:	yal afan	the Modern -
heart failure,	as)henia, etc. 1) me plicalion which cau	ons the disease.	DUE 10, OR AS	A CONSEQUENCE OF:	U	
	NTECEDENT CAU			1401		
			(B)	15 (V ()		4045
rise to the	R CONDITIONS, above cause (	il any, giving	DUE TO, OR A	S A CONSEQUENCE OF:		
UNDERLYING	CONDITION last,	or araning the	(c)			
	11					
OTHER SIGNIF TO THE DEATH DISEASE OR CO 19A-DATE OF	CANT CONDITIONS	CONTRIBUTING	Call	7		
DISEASE OR CO	INDITION GIVEN IN	PART 1 (A).				
E IVA-DATE OF	OPERATION 198 C	ONDITION FOR V	WHICH OPERATION	20A. AUTOPSY? (Yes		ERE FINDINGS CONSIDERED CAUSES OF DEATH?
# 1)				1985		
OR CONTRIBUT	T WAS UNDERLYING CAUSE OF	218. hom	PLACE OF INJURY (e.g., e, farm, factory, street,	in or obout 21 C. WHERE	DID (If In Bolt	limore City, give exoct location)
O DEATH Inotily	medical examined	etc.)	CONTRACTOR SOLD			
OF INJURY	(Month) (Doy) (Ye		INJURY OCCURRED	21F. HOW D	D INJURY OCCUR?	
(A PPROX.)		Whi	te At Work	le [7]		
22. 1	that (this hospi		K - AI WOIK		7 : 61	71- 40-01
					19 7/ to	26 JAN 1971
			26 JAN			apinion death occurred an the date
and have and	fram the causes :	stated obove.	(We) (did) (did)	view the bady ofter d	eath.	1 - 1
23A. SIGNATU		4.01.		11 421	- 1 -	238 DATE STONED
	mus W.	18 Her	DEGREE Phy	ending Med.	Staff Phys.	100,7/
PHYSICIAL NAME (Ty	rs I do n in "	( 000		23D. ADDRESS	1600	1011
	MORKI	) 03/	KO T, MI)	SINOI,	1000 09	- Bettmore
24A. BURIAL CREA	AATION, 24B, DATE	24C.NA	DEGREE	S/hd/	LOOP OF	(City, town, or county) (Stole)
BURI	AATION, 24B. DATE Decily) AL 1-28-		ME of CEMETERY OF CR	S/hd/ /	A State of Physics and Con-	
BURI	AATION, 248, DATE Decily) AL 1-28- BY HEALTH DEPT.	-71 BNA	ME of CEMETERY OF CR I ISRAEL FREGISTRAR		BALTIMORE, M.	ARYLAND
BURI	AATION, 24B. DATE Decily) AL 1-28-	-71 BNA	ME of CEMETERY OF CR I ISRAEL FREGISTRAR		BALTIMORE, M.	



	B-530	ma	0050		HEALTH DEPARTMENT	V	71 0959
	RTH NO.	71	0959	CERTIFICA	TE OF DEATH	REG. NO	0300
	NAME OF DECEASED ype or Print)	Bonoy	, B	ERTHA		ND HOUR OF DEATH	71 1 1:15 0
3	PLACE IN BALTIMORE,			UNCED DEAD	4. USUAL RESIDENCE (Wh	ere deceased lived, If in	stitution: residence before admission)
H	ULL NAME OF (IF	NOT IN HOSPITA DRESS OR LOCA	AL OR INSTITE	UTION, GIVE STREET	MARY LAND	Balton	DE CITY LIMITS?
12	SINAI HOSPIT	TAL OF B	PLTIMO	RE INC.,	BALTIMORI E. STREET AND NUMBER 7622 Carr		YES NO
	EMALE XX	WHITE	WIDOWED		8. DATE OF BIRTH	9. AGE IIn yours lost birthday	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
do	A. USUAL OCCUPATION one during most of working life HOUSEWIFE	(Give kind of work e, even if retired)	108 KIND OF		BALTIMORE, MA		USA
13	FATHER'S NAME	UNKNOWN			14. MOTHER'S MAIDEN NA UNKNOWN	ME	
15 (Y	Wos Deceosed Ever in tes, no or unknown) (II yos,	J. S. Armed Fore	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	NO				MR. IRVIN BOND	Y, 3302 LUDG	ATE ROAD #21215
CERTIFICATION	IThis does not meen heart foilure, astherio, injury or camplication  ANTECET  DISEASES OR CON rise to the above UNDERLYING COND  OTHER SIGNIFICANT CO TO THE DEATH BUT NO DISEASE OR CONDITION  199. DATE OF OPERATI	G TO DEATH  The made of etc. It means which caused DENT CAUSES  DITIONS, it or cause (A) ITION last.  ITION last.  ITION IN PART  ON 198 CONDITIONS CON WAS PERFORMANCE OF CAUSE OF CONDITIONS CONDITI	dying, e.g., the disease, death.)  any, giving stoling the STRIBUTING E TERMINAL I (A). DITION FOR WORMED	(B) DUE TO, OR AS  (C) VHICH OPERATION	SE A CUTE PUIN A CONSEQUENCE OF:  20A. AUTOPSY? IYOS OF N OF TO Obout 21C. WHERE DID ice bldg., INJURY OCCUR?	ON 208. IF YES, WERE F	5.435.
MEDICAL	DEATH Inotify medical (21D.TiME (Month) OF INJURY IAPPROX.)	(Doy) (Year)	(Hour) 21 E,	INJURY OCCURRED	21 F. HOW DID IN.	JURY OCCUR?	
	22. I certify that (I) that (I) (we) last sav	the deceased	attended th	At Work  de deceased from	27 Jan.	17 Markonina TO assessment	29 th Jan 1971
	23A. SIGNATURE	01	,			/	23B, DATE SIGNED
	1	Vrosac	d n	PBB5 DEGREE Phys.	ding Med. Director	Staff Phys.	27th Jan 1971
	23C. PHYSICIAN'S NAME ITypo)	Strasoc P.PRA	SAD		3D. ADDRESS Sinai Hospital, B.	ehedere fre.,	Boilto, Md 21215.
24	A. BURIAL CREMATION, REMOVAL (Specify)	248. DATE	24C, NA	ME of CEMETERY OF CRE	MATORY 24D. L	OCATION (City	y, town, or county)   IStotal
25	BURIAL	1-28-71		REW FRIENDSHII		TIMORE, MARY	
I V	EB 1 1971	Pobris E.	25B. NAME O	The state of the s	SOL LEVINSON		REISTERSTOWN ROAD

0

I certify that I held on Inquiry

24B. DATE

1 - 28 - 71

resulted from: Notural causes (XX)

ACTUAL

REMOVAL (Specify)

BURIAL

VS 151-REV. 1/1/68

SIGNATURE **EXAMINER'S** 

NAME (Type) 24A. BURIAL CREMATION,

25A. DATE REC'D BY HEALTH DEPT.

0960 BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH BIRTH NO. I. NAME OF DECEASED 2. DATE Known Year (Type or Print) OF JULIUS GLASSMAN Estimoted DEATH 4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD DATE Month Dov Yeor Hour PRONOUNCED DEAD (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET FULL NAME OF 26 1971 HOSPITAL ADDRESS OR LOCATION) OR INSTITUTION 5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY Md. Sinai Hospital 6. SEX 7. RACE C. CITY OR TOWN D. INSIDE CITY LIMITS 8. MARRIED NEVER MARRIED XX white Balto. male WIDOWED . DIVORCED \_\_ YES X NO 9. DATE OF BIRTH 10. AGE (In years If Under 1 Yr. II Under 24 Hrs. E. STREET AND NUMBER lost birthdoy) Months: Doys , Hours , Min. 70 3000 W. Cold Spring Lane APRIL 12, 1900 11, BIRTHPLACE(State or lareign country) 12. CITIZEN OF 13. FATHER'S NAME WHAT COUNTRY? USA NATHAN GLASSMAN ROCHESTERM N. Y. USA NATHAN GLASSMAN
14A.USUAL OCCUPATION (Give kind of work) 14B. KIND OF BUSINESS OR INDUSTRY 15. MOTHER'S MAIDEN NAME done during most of working life, even if retired) RETTRED GUARD WALTERS ART GALLERY
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 117. SOCIAL 118. INFO NATHAN GLASSMAN 17. SOCIAL SECURITY NO. 18. INFORMANT ADDRESS (Yes, no or unknown) (Il yes, give wor or doles of service) MR. MARVIN J. LAND. 919 BLAUSTEIN BLDG. #1 133-03-3279 APPROXIMATE INTERVAL CAUSE OF DEATH BETWEEN ONSET AND DEATH Arterioscleptic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the made of dying, e.g., heart failure, asthento, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: ANTECEDENT CAUSES (B) DUE TO, OR AS A CONSEQUENCE OF: DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)\_ CERTIFICAT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A). 20 A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21. AUTOPSY? (Yes or No) 22A. EXTERNAL CAUSE WAS 22B. PLACE OF INJURY (e.g., in or obout 22C. WHERE DID (II in Solitimore City, give exact location) home, form, foctory, street, office bldg., etc.) INJURY OCCUR? UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 22D. TIME (Month) (Hour) 22E. INJURY OCCURRED 22F. HOW DID INJURY OCCUR? (Year) OF INJURY WHILE AT NOT WHILE (APPROX.) WORK AT WORK

Autopsy KX

Homicide \_\_\_

CHIEF MEDICAL EXAMINER

24D. LOCATION

ASSISTANT MEDICAL EXAMINER

ASSOCIATE MEDICAL EXAMINER

25C. FUNERAL DIRECTOR

Sulcide

24C. NAME of CEMETERY or CREMATORY

BETH MACOB VECAIR

and that on this basis, death in my opinion

Undetermined monner

ROSEDALE, MARYLAND

SOL LEVINSON & BROS., 6010 REISTERSTOWN ROAD

Inspection

Accident

258 NAME OF REGISTRAR

Konald N. Kornblum, M.D.

12:40

DATE SIGNED

(Stote)

1 - 27 - 71

(City, town, or county)

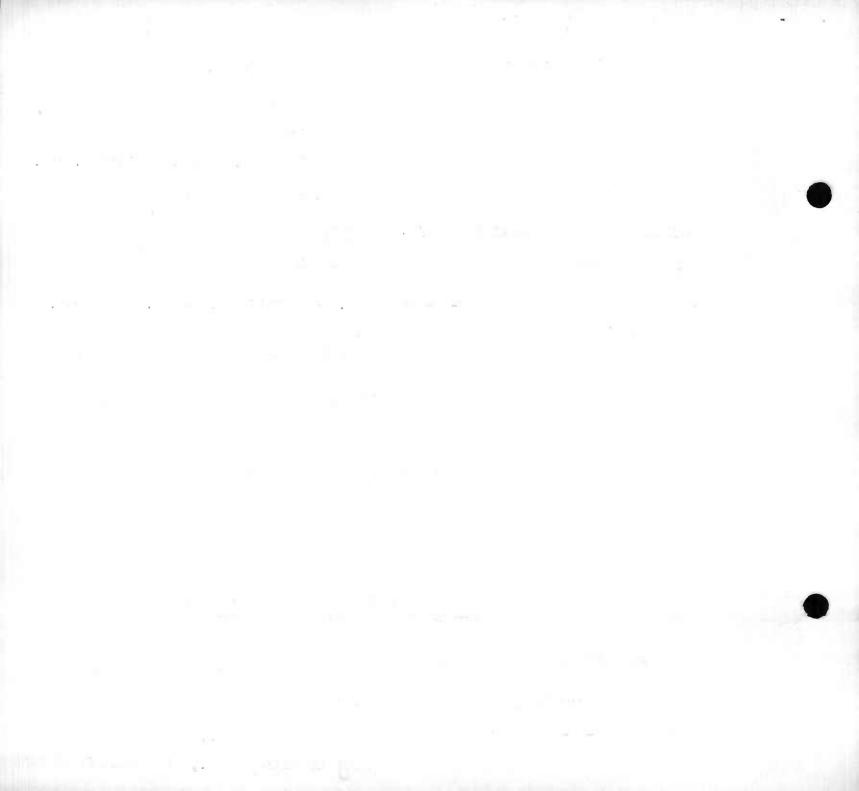
ADDRESS

elegification. THE PARTY OF THE PARTY OF THE PARTY OF STANFARD OF THE PARTY OF THE PA TOSENIE ELANGEOT - TO TACTOR HOUSE HERE SOL LEVISION A BROS., 6010 MATERIESCHAP HEL

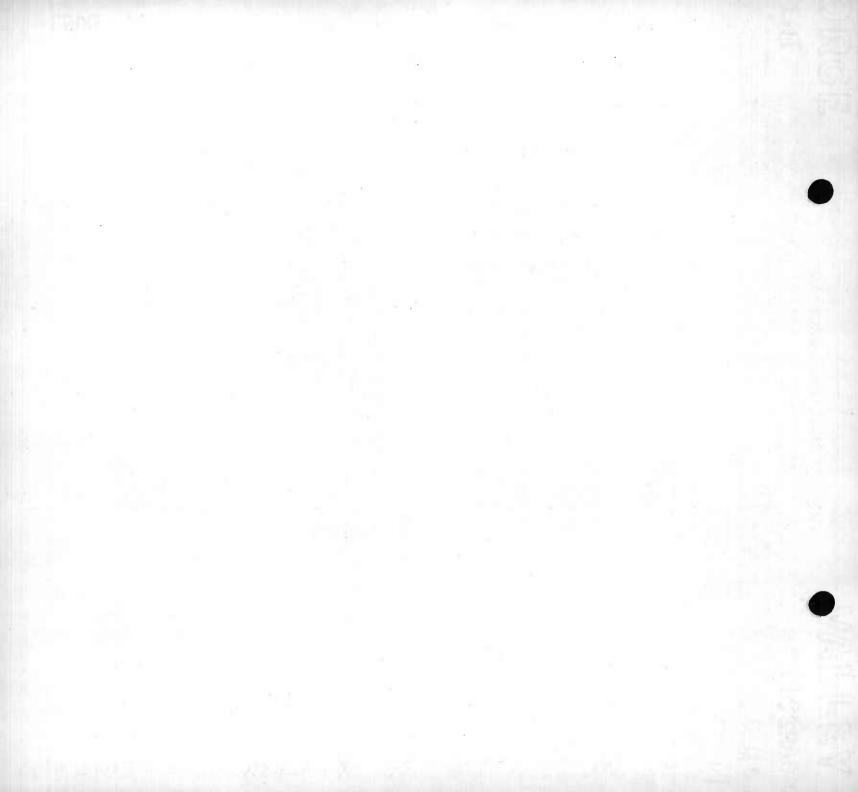
IMPORTANT

**DIRECTOR:** 

FUNERAL



THE RESERVE TO SECURE AND A SECURE ASSESSMENT.



111-630	4	HEALTH DEPARTMENT		71 0964
BIRTH NO. 71 096	4 CERTIFICA	TE OF DEATH	REG. NO	11 0301
1. NAME OF DECEASED (Type or Print)		2. DATE A	ND HOUR OF DEATH	1
Worthy, Roos	evelt	Janu	awar 20 107	18-15 AM
3. PLACE IN BALTIMORE, MARYLAND, WHERE PI	ONOUNCED DEAD	4. USUAL RESIDENCE (Wh.	era deceased lived, I	institution: residence before admission
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION		Maryland c. CITY OR TOWN	D. IN:	SIDE CITY LIMITS?
HILTON NURSING HO		Polt image		YES X NO
9 3313 Poplar Stree	t	E. STREET AND NUMBER		110 (2)
SEX 6. RACE 7. MAR	NIPO TI MINISTERIO MARCONINO TORO	8. DATE OF BIRTH		
M WIDO		07 01 07	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTR
fone during most of working life, even if retired)	NTRACTORS	5 6		
3. FATHER'S NAME		V .		U.S.A.
Banks Wor	thy	14. MOTHER'S MAIDEN NA	ME	
5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (If yes, give wor or doles of sen	ice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
Unknown	216-10-3953	Andrew.	SANDERS	1301 & Chace 4
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH	Chronice .	Chrickie	APPROXIMATE INTERVAL CONSET AND DEATH
(This does not meen the made of dying, heart foilure, asthenia, etc. It means the distinjury or complication which caused death.)	e.g., DUE TO, OR AS	SE A CONSEQUENCE OF:	Long-	***************************************
ANTECEDENT CAUSES		in	. Thinke.	
DISEASES OR CONDITIONS, if any, gi	(B)	una	Midei	ey
rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C)	A CONSEQUENCE OF:	//	
11	(0/:		************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMI DISEASE OR CONDITION GIVEN IN PART 1 (A). 19A-DATE OF OPERATION 119B. CONDITION 1 WAS PERFORMED	VAL 01	.S.C. V. U	)	***************************************
19A-DATE OF OPERATION 19B CONDITION I	OR WHICH OPERATION	20A-AUTOPSY? (Yes or No	208, IF YES, WERE	FINDINGS CONSIDERED USES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21B PLACE OF INJURY (e.g., in home, form, foclory, street, off etc.)	or about 21C, WHERE DID	(If In Baltima	re City, give exact lacation)
210-TIME (Month) (Day) (Year) (Hous	21 E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	While At Work Not While			
22. I contify that (I) fell and a series				71
22. I certify that (I) (this the project attend that (I) (yes) last saw the deceased alive	on January 26.		19	nion death accurred on the date
and haur and from the causes stated above			ar in (my) (our) abi	mon death accurred an the date
23A. SIGNATURE	(ala nat) vi	ew the bady after death.		
Sarly (	Olice pages Phys.	ding Med.	Staff Phys.	1-29-71
23C. PHYSICIAN'S . NAME (Typel	DEGREE	3D. ADDRESS	,	
Dr. Barbu Calir	DEGREE	831 Poplar Gro	we Street	Ralto Ma
	C. NAME OF CEMETERY OF CREE	MATORY - 24D. LO	CATION (C	ity, town, or caynly) (Stote)
Burial 2/1/71	mt alran	Z a.	a. Count	y. mit
- N 19 1	ME OF REGISTRAR	23C. FUNERAL DIRECTOR	P. I. W	304). Conless Or
\$ 150-REV 1/1/68		1 - A X	const.	

Enous Amelites Royanotary Loopenstary (now)fidency

A.S.C.V.D.

Dorby Oli

1-29-71

IMPORTANI

DIRECTOR:

FUNERAL

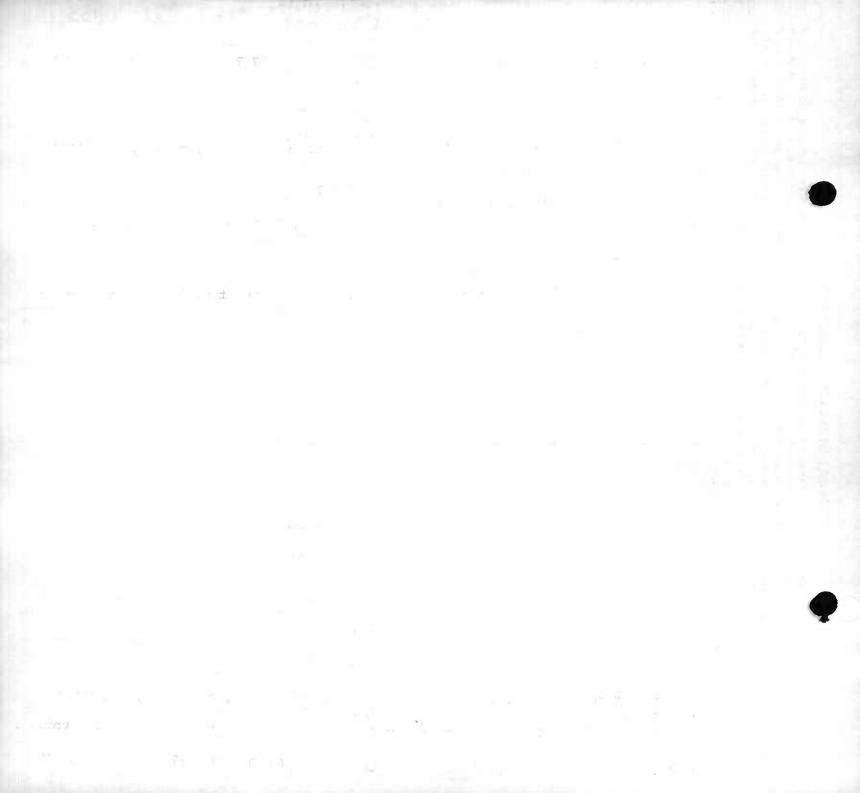




11/21			BALTIMO	RE CITY I	EALTH DEPARTMENT			
BIRTH NO.		967	CERTI	FICAT	E OF DEATH	REG. NO	71 096	7
1. NAME OF DEC					2. DATE	AND HOUR OF DEAT	Н	
2 24 - 22 - 14 - 24	Gardner,	Leste	r		1-27	-71 10:30	n.m.	
					L USUAL RESIDENCE (W	here deceased lived. If	institution: residence b	refore odmission
HOSPITAL OR	ADDRESS OR LO	PITAL OR H	NSTITUTION, GIVE STR	EET	Maryland  COTY OF TOWN Bal	imore D. IN	ISIDE CITY LIMITS?	4
Hilton	Nursing Home	9		.	City STREET AND NUMBER			0
90								
5. SEX	6. RACE	17	(71)		DATE OF BIRTH	Terrace		
М	W	WIDO	RIED NEVER MARRI	=	7/1/83	9. AGE (In years lost birthdoy)	If Under 1 Yr. H	If Under 24 Hr.
10A. USUAL OCCI	UPATION Give kind of w working life, even if retired	ork 10B, KIN	D OF BUSINESS OR IN	DUSTRY 11	BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF W	HAT COUNTE
		"						SA
13. FATHER'S NA	ME			14	MOTHER'S MAIDEN N	AME		
5. Was Deceased	Ever in II S Armed 6	010007	1 6. SOCIAL					
Yes, no or unknown	Ever in U. S. Armed F	otes of serv			INFORMANT		ADDRESS	
	Unknown		218-36-23					
18.4	2.41		CAUSE OF	DEATH	0 0	7 /	APPROXI/	MATE INTERVAL
DISEAS	E OR CONDITION E	DIRECTLY			H. S.C	7. V. D	BETWEEN O	NSET AND DEA
	LEADING TO DEATH				/ '			
lThis does n	of mean the mode	of dying,	e.g., (A) IMMEDI	ATE CAUSE	ONSEQUENCE OF:			*********
hearl failure,	asthenio, etc. It mear	is the dise	ase,	, UK AS A C	ONSEQUENCE OF:			
infuty of cam	plicotion which cause	d death.)			4			
, A	INTECEDENT CAUSE	S					i	
DISEASES	R CONDITIONS, if		(B)	OR AC A	CONSEQUENCE OF:			
rise to the	obove cause (A	) station	the	OK AS A	CONSEQUENCE OF:			
UNDERLYING	CONDITION last.	, ordining	(c)					
			(0/					
2						*		
OTHER SIGNIF	CANT CONDITIONS CONDITIONS CONTROL	ONTRIBUTI	NG	100	Elemo	Ders.		
< DISEASE OR CO	ONDITION GIVEN IN PA	RT 1 (A)	***************************************					
19A-DATE OF	OPERATION 198. CO	NDITION F	OR WHICH OPERATION	V	20A. AUTOPSY? (Yes or h	of 208, IF YES WERE	FINDINGS CONSIDER	RED
	WAS PE	RFORMED			20A. AUTOPSY? (Yes or h	IN CERTIFYING CA	AUSES OF DEATH?	
21A ACCIDEN	T WAS UNDERLYING		21R DI ACE OF INCOM	V/a = !=	- hand 210 Mariana -			
OR CONTRIBU	THE CAUSE OF		home, form, feetery, s	treet, office	obout 21 C. WHERE DID bldg., INJURY OCCUR?	(If In Boltimo	ere City, give exect loco	ition)
DEATH (notity	medicat examiner		etc.)					
21 D. TIME	(Month) (Doy) (Year	(Hour)	21E INJURY OCCURE	FD	21F. HOW DID IN	IIIAY O COLLEG		
E OF HAJORI	/-			ot While (	_ ZITE HOW DID IN	JURY OCCUR?		
(APPROX.)				Work				
22. 1 carries	that (1) (this bases	1			11-15-	7/1	1-97	· · · · · · · · · · · · · · · · · · ·
			ed the deceased from	26-	7	19 / Ota		19//
	last saw the deceas			26-	19/ and t	hat In (my) (cor) ap	Inion death occurre	d on the dat
and hour and	from the causes st	ated abave	o. (I) (Wa)-(alid) (AIA	not) vlau	the body ofter death.			
23A. SIGNATU	E	/	/ (4.5) (616	, 710	Dody offer deoth.			
6/3	ants.	01		Attendir	Med.	Sh-14 F	23 B. DATE SIGNED	-,
26		100	CL DEGRI	D L	Director L	Staff Phys.	1-28-	//
23C. PHYSICIAN	V'S	^	р	23 D.	ADDRESS	0	-0	
RAK	BUC	141	1 1		831 1/11	1000	533 M	0
A. BURIAL GREA	AATION DATE	1/ _	-1 10	DEGREE	0)100	/CEO C	9 Com	
REMOVAL IS	MATION, 246. DATE	240	TO NOTO SEMANES	OF CREMA	19RY 24D.	LOCATION (C	ity, town, or county)	(Stote)
+	1/-28	-11/	NAT. BD	TE	md. B	ALTIMOR	F MI	
SA. DATE RECYD	A THEHEALTH DEFT.	258. NAA	AE OF REGISTRAR'S	1		17-111-011		
FR 1 40	TO OD AN	57	-	10	25C. FUNERAL DIRECTO	W MAG	ADDRE	22
-D 1 13	JAGE BE	40.16	KA	~ 3	PROFESSYOM	4L,/VID,	DATIO'	nd.
\$ 150-PEV. 1/1/6	§.		7					

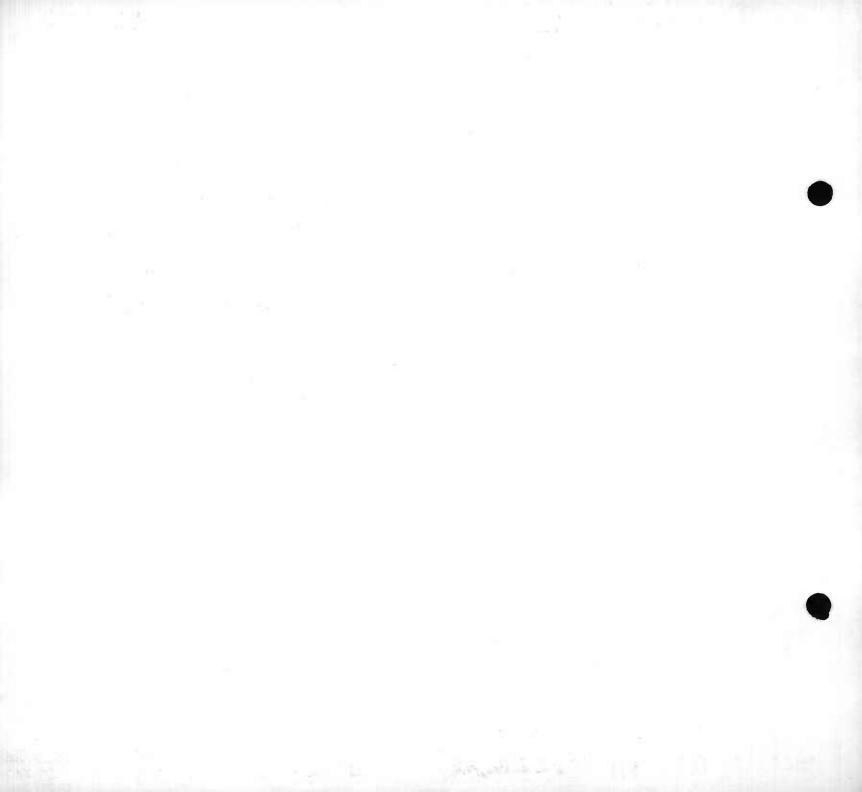
The part

1			BALTIMORE CITY	HEALTH DEPARTME	NT	mid 0000
D-26 IRTH NO.	3 71	0968	CERTIFICA	TE OF DEAT	TH REG. NO	71 0968
NAME OF DE	CEASED			2. D/	TE AND HOUR OF DEATH	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	GERALDINE DO	UGHERTY			1/27/71	6:20p M.
L PLACE IN BA	LTIMORE, MARYLAND, V	VHERE PRONO	UNCED DEAD	A STATE B.	(Where deceased lived, It is	nstitution: residence before admission)
ULL NAME OF	UE NOT IN HOSPI	TITZUL OD LAT	UTION, GIVE STREET	MARYL	CIAL	2///
OSPITAL OR	ADDRESS OR LOC	ATIONI	OHOIG OVE SIREE!	C, CITY OR TOWN	D. INS	IDE CITY LIMITS?
				BALTIMO	35	YES NO
3/	Mercy Hospita	1, Balt	imore, Md.	E. STREET AND NUM	BER	
	1	1		103 St. Di	instans Rd., Ba	lto., Md. 21212
SEX	6. RACE	7- MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. It Under 24 His. Months: Days Hours Min.
F	W	WIDOWED	= =	6/2/17	lost birthdoy).	Monins Days Hours Min.
			F BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY
	working life, even if retired)			Dollaimone	Maretaland	U.S.A.
Housewi				Baltimore,		U.S.A.
FATHER'S NA				14. MOTHER'S MAID		
Lee Fa	lkenstein			Emma Krel	OS	
Was Decesse	d Ever in U. S. Armed Fo	rces?	16. SOCIAL	17. INFORMANT		ADDRESS
s, no or unknow	n) (If yes, give war or dat	es of services	SECURITY NO. 212-05-1969	Mr. Patricl	Dougherty, 10	3 St. Dunstans Rd.
No. 7			CAUSE OF DEAT			APPROXIMATE INTERVAL
0/	ASE OR CONDITION D					BETWEEN ONSET AND DEATH
rise to the UNDERLYIN	OR CONDITIONS, if the above cause (A) IG CONDITION last.  II IFICANT CONDITIONS CONTINUES CONTIN	stating the		A CONSEQUENCE OF		
OTHER SIGN TO THE DEA DISEASE OR 19A. DATE O	F OPERATION 19% COI	RT 1 (A).	WHICH OPERATION	20A. AUTOPSY? (Ye	s or No. 208, IF YES, WERE	FINDINGS CONSIDERED
0	WAS PE	RORMED		No	IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING UTING CAUSE OF	, letc	BPLACE OF INJURY (e.g., me, farm, factory, street, c J	in or obout 21 C. WHERE ffice bidg. INJURY OCC	DID (il In Baltimo	re City, give exect location)
21 D. TIME	(Month) (Doy) (Year	NO (Hour) 211	L INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?	
OL HASOKI			hile At C Not Whi	lo [7]		
(APPROX.)		W	ork L At Work	Ш		
22. I certif	y that (1) (this hospita	il) attended	the deceased from	1-26	19 <u>7 / ta</u>	1- 27 19 71
that (1) (we	last saw the deceas	ed alive on.	1-27	19 7/	ond that in (my) (our) op	intan death accurred on the date
			(1) (We) (did not)	view the body after o	leoth.	
23A. SIGNAT	URE -7					23B DATE SIGNED
	/ kanasop	han s	DEGREE Phy	ending Med. Director	Staff Phys.	1/27/71.
23C. PHYSIC NAME	IAN'S (Type)			23D. ADDRESS	1	
	an Thanasopho	on, M.D.		301 St. Pau	l Place, Baltir	more, Md. 21202
A. BURIAL CI	REMATION, 248, DATE		AME OF CEMETERY OF CE		24D. LOCATION (C	City, town, or county) (State)
REMOVAL	(Specify)				Cockeysvil	5- Dalta County Md
Buria	1 1/20	/71   D	ulanev Vallev	Cemetry	COCKEADATT.	le, Balto. Count.Md
CA PART OF STA			ulaney Valley			
SA. DATE REC	D BY HEALTH DEPT.		ulaney Valley	25C. FUNERAL DI	RECTOR	ADDRESS Scarlett Dr., Tows





FUNERAL



1.		71	Oor	BALTIMORE CITY	HEALTH DEPARTM	MENT		71	1007	1
BIRTH NO.	43	11	09,4	CERTIFICA	TE OF DEA	TH	REG. NO		03,7.	<u> </u>
(Type or Pri	F DECEASED				2. 1	DATE ANI	HOUR OF DEAT	Н		
	Cha	arles s	S. Ga	rland		1-28	-71		11:3	O P
3. PLACE I	N BALTIMORE, MA	ARYLAND, WI	TERE PRON	OUNCED DEAD	4. USUAL RESIDEN	CE (Where	deceased lived, If	institution:	residence befo	re odmission
FULL NAW HOSPITAL INSTITUTIO		T IN HOSPITA	L OR INST	ITUTION, GIVE STREET	Md.			Isona Contra	27	11
		2 2 2 4 2	D.a				D. IF	ISIDE CITY I		- 0
00	4 Char	clcote	Ra.		Balto.			YES DE	NO	
					4 Charl	cote	Rd.			
s. sex	6. RAGE		WIDOWE		8. DATE OF SIRTH 10-28-18	98 "	AGE (In years part birthdoy)	If Und Months	Doys Hou	Inder 24 Hrs Min.
IOA, USUAL	OCCUPATION (GIV	ve kind of work 1	OB, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stot	e or foreig	n country)	12. CIT	ZEN OF WHA	T COUNTR
Inves	tment Ba	ven it refired)		estments	Penna.				USA	•
3. FATHER	2 NAME				14. MOTHER'S MAIL	DEN NAM	E			
	rles S.				Lillie C	hish	olm			
5. Was Dec	known) (If yes, give	Armed Force	18?	1 6. SOCIAL	17. INFORMANT				ADDRESS	
Yes	WW		or services	320-01-3873	Aurelia	S. Ga	arland		Same	
18. /	124			CAUSE OF DEATH	1				APPROVIMA	TE INTERVAL
(This d	ISEASE OR CON LEADING T ces not meen the	O DEATH	lvina on	(A) IMMEDIATE CAU	oseleratie le	rdioe	aseular 1	week	Greekel	eloxit
heart to	tilure, asthenia, et a camplication wh	c. It means t	he disease	DUE TO, OR AS	CONSEQUENCE OF:				***********	
	ANTECEDEN		16011.7		*5					
				(B)						
rise to	ES OR CONDIT the above of LYING CONDITION	couse (A) s	ny, giving staling the	(C)	A CONSEQUENCE OF	:				
				(0/	***************************************		*************			
= IIO IHE	IGNIFICANT COND DEATH BUT NOT RI	TIONS CONT	TERMINAL	***************************************						
	OR CONDITION GI	198 CONDI	TION FOR	WHICH OPERATION	20A. AUTOPSY? (Ye	es or No	208. IF YES, WER	E FINDINGS	CONSIDERE	
20		WAS PERFO	RMED		Yes		Clutical A	AUSES OF	DEATH?	Limed
OR CON	CIDENT WAS UNITRIBUTING CAL Inatify medical exam	DERLYING DUSE OF	21 hai	B. PLACE OF INJURY (e.g., in me, form, foctory, street, off L)	or obout 21 C. WHERE	DID CUR?	(If In Boltim	ore City, giv	e exoct locotie	
21 D. TIM	E (Month) (D	oy) (Yeor)	(Houd) 21	E INJURY OCCURRED	21 F. HOW D	שנמו סוכ	RY OCCUR?			
APPROX			w	hite AI Not While						
22 1 40	-416 al -a /13 /al a	- 1 - 4 - 1		air — VI HAIR				1	6 (7 A)	
	(we) last saw th			the deceased from	1921		in (my) (aur) of	inian dea	th accurred	19/7/
				(i) (We) (did) (did nat) vi		docat-			decoiled	0016
23A. SIGI	NATURE MA	1111		The fair that A	life budy diler (	rantu.		229 DAT	E SIGNED	
3.10	111	7/1.	, 0.	Atter	ding Wed.	C SI	off 🗀	ZSADAI	- SIGNED	571
23C. PHY	SICIANS	114	rky	DEGREE PHYS	Director	Pi	off D	/-	30"	- 7/
NA	ME (Type)	H. Wo	WED O	MD 2	3D. ADDRESS		-			,
A. BUDIAL				DEGREE			re., Bal			
REMOV	AL (Specify)	B. DATE		AME of CEMETERY of CREA	MATORY	24D. LOC		City, town, o	r county)	(Stote)
Buri		-30-71		Druid Ridge			cesville		1	Md.
SA DATE	1 1000	Pober &		OF REGISTRAR	W. Jen	kids	& Sons	Co.B	ADDRESS	Md.
S 150-PEV	1/1/62				1				,	



IMPORTANT DIRECTOR: FUNERAL

RGB

Jenkins & Sons Co.

No

D. INSIDE CITY LIMITS

if Under 1 Yr. Months! Doys

If Under 24 His. Hours 12. CITIZEN OF WHAT COUNTRY?

USA

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

8 mos.

Days

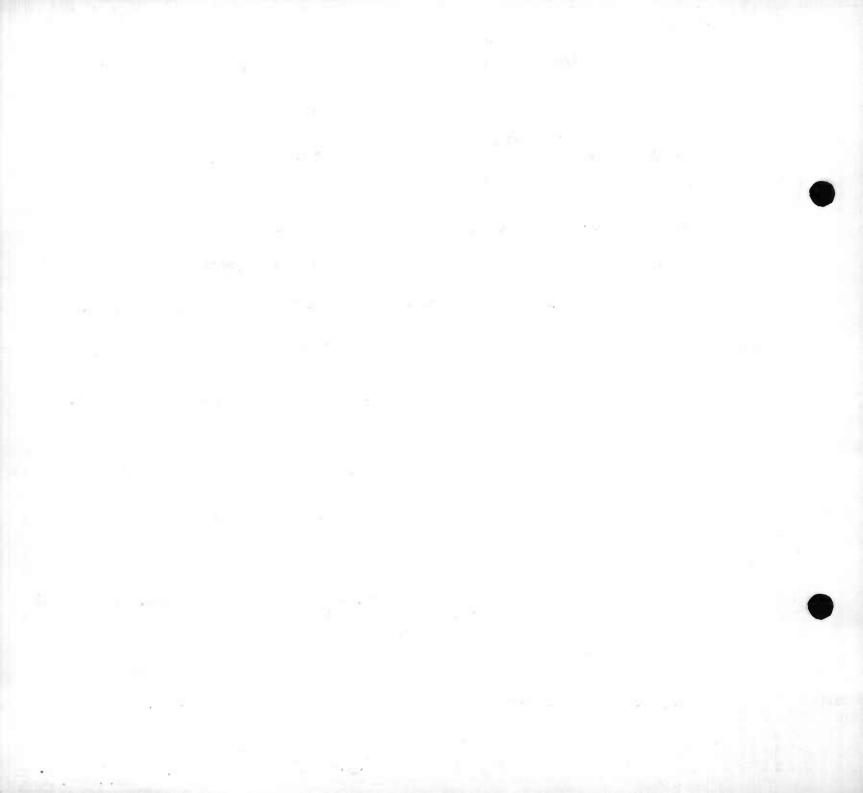
Weeks

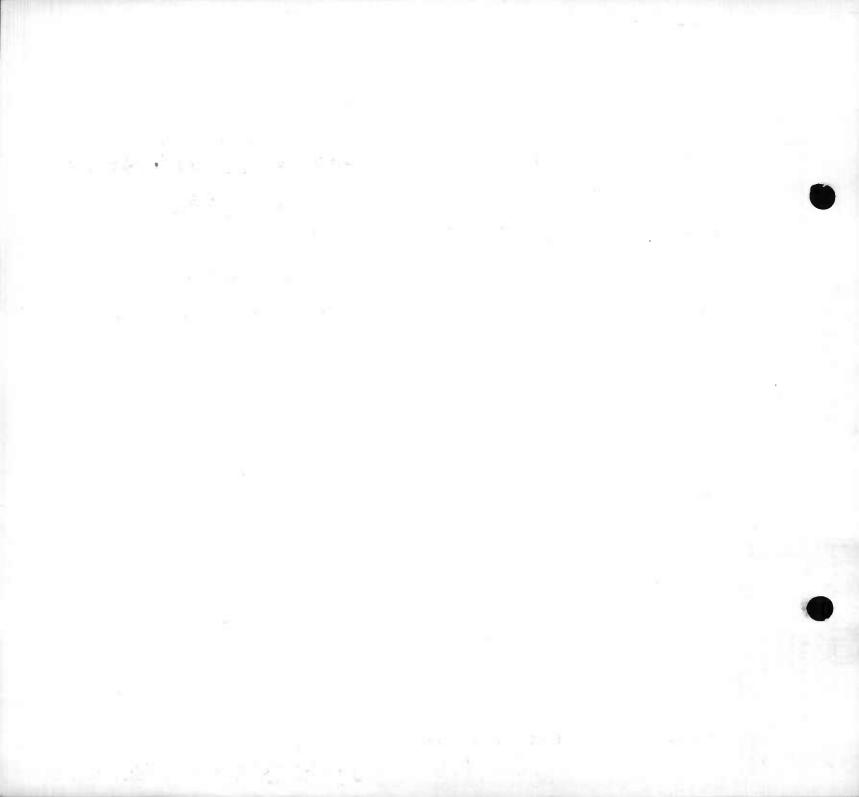
208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

1/29/71

iCity, town, or county! (Stote)

> Jersey York



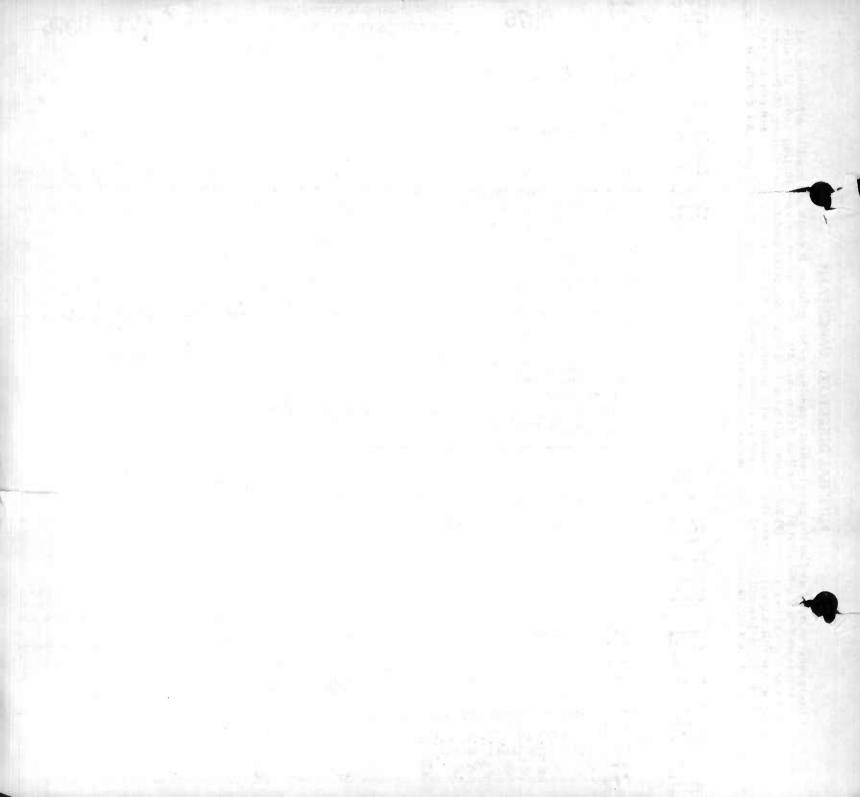


-	71 0974 CERTIFICATE OF DEATH REG. No. 71 0974
	NAME OF DECEMEN
(1)	TRIBULL, HENRY  JANUARY 29, 1971 2:45 A.
3.	PLACE IN BALTIMORE, MARTLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmiss.
FL	ULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MARYLAND ANNE ARUNDEL (
İN	C. CITY OR TOWN  D. INSIDE CITY LIMITS?
1	ST AGNES HOSPITAL  WILKENS & CATON AVENUES  PASADENA  PASADENA  STREET AND NUMBER
	BALTIMORE MARYLAND 21229 BOX 316 RFD 3 52 A
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (In years list bighdoy) Months; Doys; Hours; Min
10,	A USUAL OCCUPATION (Give hind of work 108, KIND OF SUSINESS OF INDUSTRIAL OF SUSINESS OF INDUSTR
do	me ouring most of working life, even if retired)
13.	FIREMAN FIRE DEPARTMENT MARYLAND USA
	WILLIAM V TRIBUIL
15. (Ye	Wes Deceased Ever in U. S. Armed Forces? 116 SOCIAL 17 INCOMMANY
	NO SECURITY NO. 220 05 1820 ST AGNES HOSPITAL WILKENS & CATON
	18. 153.   CAUSE OF DEATH APPROXIMATE INTERV
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
	(This does not meen the mode of dying, e.g., (A)IMMEDIATE CAUSE SWING WAY WE WAY
	heart failure, asthenio, etc. Il means the disease, injury at camplicolian which caused death.)
	ANTECEDENT CAUSES  (B) Could Plus Jacking
	DISEASES OR CONDITIONS, if any, giving ise to the abave cause (A) stoting the
	UNDERLYING CONDITION last. (C).
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Chrow's Obstructure Lung Disease
CA	DISEASE OR CONDITION GIVEN IN PART 1 (A).  1994-DATE OF OPERATION 1198, CONDITION FOR WHICH OPERATION 1208-18-VEG VICE OF NO.
ERT	19A DATE OF OPERATION 188 CONDITION FOR WHICH OPERATION 20A AUTOPSY? (Yes of No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTING LICAUSE OF The Boltimore City, give exact location)
ü	DEATH (nonly medical examined etc.)
MEDI	OF INJURY  (APPROX)  While At   Not While
	WOR AT WOR
	22. I certify that XIX (this hospital) attended the deceased from DECEMBER 23, 19 70 to JANUARY 29, 19 71 that XIX(we) last saw the deceased alive on JANUARY 29, 19 71 and that In (64) (our) apinion death accurred on the deceased.
	and haur and from the causes stated abave (1) (We) (did) (d(d/1)) view the bady after death.
	23A. SIGNATURE 23B. DATE SIGNED
	Med. Director Directo
	NAME (Type)  23D. ADDRESS  BALTI MORE MD 212
24A	HERMENEGILDO ISIDRO, M.D. ST AGNES HOSPITAL WILKENS & CATON A
	A. BURIAL CREMATION, REMOVAL (Specify) 248, DATE 24C, NAME of CEMETERY of CREMATORY 24D, LOCATION (City, town, or county) (Stotel
25A	Burial 2/1/71 Holy Cross Baltimore, Md.  DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTERS 25C. FUNERAL DIRECTOR ADDRESS
1	FFR 1 1077 P.S. & S. A. R. R. D. O. George J. Gonce 4001 Ritchie Hgy
vs	150-REV. 1/1/68 Baltimore, Md. 21225

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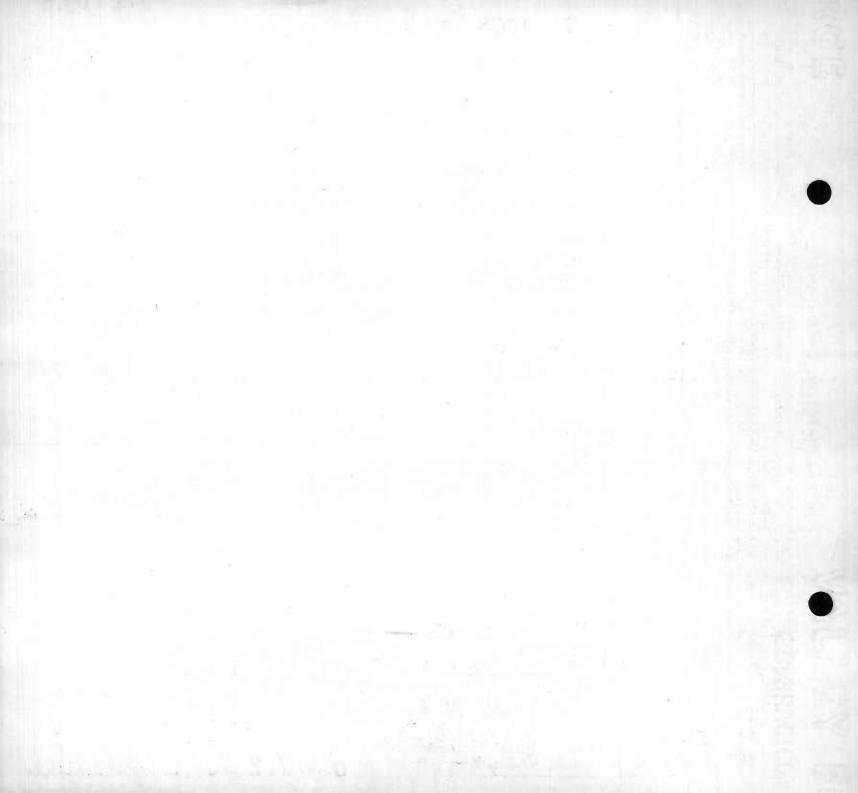
71 0975 BALTIMORE CITY HE	ALTH DEPARTMENT
>-450 MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH 71 0075
BIRTH NC.	REG. NO.
1. NAME OF DECEASED (Type or Print)	2. DATE Known Manth Day Year Hour
MAKGARET SLOAN	OF Estimoted
4. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	3. DATE Month Doy Year Hour
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	PRONOUNCED DEAD 1 26 1971 2:40 p.m.
3 / City Hospital	5. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  A. STATE  Md.
6. SEX 7. RACE 8. MARRIED NEVER MARRIED DIVERSED IVERSED DIVERSED DIVERSED DIVERSED DIVERSED DIVERSED DIVERSED DIVERSED DIVERSED	C. CITY OR TOWN D. INSIDE CITY LIMITS?
MIDOMED DIAOKCED	Balto. YES X NO
9. DATE OF BIRTH 10. AGE (In years   If Under 1 Yr. II Under 24 Hrs.   Months   Doys   Hours   Min.	7608 Dunmay Way
11. BIRTHPLACE(State or foreign country) 12. CITIZEN OF WHALCOUNTRY?	13. FATHER'S NAME
14A.USUAL OCCUPATION (Give kind al work) 148. KIND OF BUSINESS OR INDUSTRY	15. MOTHER'S MAIDEN NAME
done during most of working lile, even (fretired)	The manufacture of the state of
16. WAS DECEASED EVER IN ILS ARMED EORCESS 117 SOCIAL	IB. INFORMANT ADDRESS ALLO AM
(Yes, no grunknown) ((If yes, give wor or doles of service) SECURITY NO.	Warrang Jean, 7608 DOWN ANDON
19. CAUSE OF DEAT	
E 7/1X	BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Agricultura of had a company
(This does not mean the made of dying, e.g., (A) IMMEDIATE C.	AUSE Aspiration of bolus of food SACONSEQUENCE OF:
heart tollure, asthenia, etc. It means the disease, injury or complication which coused death.)	an consequence of
ANTECEDENT CAUSES (6)	
	AS A CONSEQUENCE OF:
UNDERLYING CONDITION LAST	
Z (c)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WAS	
O THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	
20A. DATE OF OPERATION 20B. CONDITION FOR WHICH OPERATION WA	S PERFORMED 21. AUTOPSY? (Yes or No)
	yes
22A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. 22B. PLACE OF INJURY (e.g., i home, farm, foctory, street, office	in or obout 22C. WHERE DID (if in Baltimore City also exect legation)
UTING CAUSE OF DEATH.  220. TIME (Month) (Day) (Year) (Hour) 122E INTERV OCCUPRED	7608 Dummay Way 5300
22D. TIME (Monih) (Doy) (Yeor) (Hour) 22E.INJURY OCCURRED.	22F. HOW DID INJURY OCCUR?
(APPROX.) 1-26-71 1:20 pm. WHILE AT NOT WORK	Choked on food while eating.
23.  I certify that I held an Inquiry Inspection Auto	opsy and that an this basis, death in my opinion
resulted from: Natural causes Accident Suicide	
Accident La Sulcide	gentag
ACTUAL / / / / / / / /	CHIEF MEDICAL EXAMINER L
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) Ronald N. Kornblum, M.D.	ASSOCIATE MEDICAL EXAMINER
24A. BURIAL CREMATION, 124B. DATE 124C. NAME of CEMETERY of	or CREMATORY 240. LOCATION (City, town, or county) (State)
BURIAL 30-JAN 71 MEGOOW RIOW	11-2220121
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
FEB 1 13W Volley & January May	OLERIGH EUWERAL HOMES, DUNDALY NO
/S 151-REV. 1/1/6B	0 , , , ,

	11 151	) 74 0	070	BALTIMORE CITY	HEALTH DEPARTMENT	, 2			
	V-600	/1 0	9.76	CERTIFICA	TE OF DEATH	REG. NO	71 0976		
	pe or Print)	ERYan, 1	Uz H	hew Even	ett 2. DATE AN	6 - 1981.	1 // 35 2		
3.	PLACE IN BAL	TIMORE MARYLAND, W	HERE PROP	OUNCED DEAD	4. USUAL RESIDENCE (Whe	re deceased lived. If in	stitution: residence before admission)		
FU	ILL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INS	TITUTION, GIVE STREET	Md.	B2110	530		
IN	STITUTION	/	-	al Hal	C. CITY OR TOWN	D. INS	IDE CITY LIMITS?		
-	80019	12 x 1 11 110 16	1000	nenal Hosp.	E. STREET AND NUMBER	1 /	YES NO		
Ľ	43					RKSShine	e Rd.		
5. :	SEX	6. RACE	7- MARRIE	D NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr., if Under 24 Hrs.		
10.	light one		WIDOW		12-26-03	67			
dan	of teom gainub of	working life, even if retired)_	1 .	OF BUSINESS OR INDUSTRY	11. SIRTHPLACE (Stote or fare	ign country)	12. CITIZEN OF WHAT COUNTRY		
	FATHER'S NAM	em ployer (	etned.	).	Md.		0.5.A.		
13.	Ma:	Hhew (Dec)			Carolyn?	(Dee)			
15. (Yo	Was Deceased s, no or unknown)	Ever in U. S. Armed For Ill yes, give wor or dole	cas? s of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
					Clini. NERYA	N. 748PB	ERSUIRE B		
	18.4/	2,41		CAUSE OF DEATH	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		E OR CONDITION DIS LEADING TO DEATH	RECTLY		Detar 01	0-			
	This does n	at mean the mode of	dying, e.	G. (A) IMMEDIATE CAU	A CONSEQUENCE OF:	nuses-Cen	***************************************		
	injury or com	niert failure, asthenia, etc. It means the disease, injury or complication which caused death.)							
		ANTECEDENT CAUSES De hy de te figur							
		DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF:							
		CONDITION last	Stating 11	(c) D	DRes ion	***************************************			
-		11							
OF	TO THE DEATI	ICANT CONDITIONS COI H BUT NOT RELATED TO TH	HE TERMINA	3 L					
CA		OPERATION 198 CON	DITION FO	WHICH OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED		
CERTIFICATION	0	WAS PERF	FORMED			IN CERTIFYING CA	USES OF DEATH?		
CAL CI	21A. ACCIDEN OR CONTRIBU DEATH (notify	TINO CAUSE OF medical examined	2 h e	16. PLACE OF INJURY (e.g., ir ome, form, factory, street, all tc.)	ar obout 21 C. WHERE DID	(If In Boltimar	e City, give exoct location)		
EDI	21D. TIME OF INJURY	(Month) (Day) (Year)	(Haud 2	L INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
\$	(APPROXI		V	Vhile At Not While	· 🗆				
	22. I certify	that (1) (this hospital	) attended	the deceased from/	-26-71	9to	1-26 193/		
	that (l) (we)	last saw the decease	d alive or	1-21	5 19 7 / and the	at In(my) (our) oplo	nion death occurred on the date		
	and hour and	from the causes stat	ed above.	(1) (We) (did) (did not) v	lew the body after death.				
	23A. SIGNATU	RE OOO .		,		e. #	23B, DATE SIGNED		
	٧ ) .	Canz		DEGREE Phys	nding Med. Staff N 1-26-3/				
	NAME TY	R Cabris	sses		South Baltin	word Gen	enal Hoop.		
24A	REMOVAL (S	MATION, 248 DATE	24C.	NAME of CEMETERY OF CRE	MATORY 24D. LC	CATION (Ci	y, town, or county! (State)		
	BURIA	L BOJAN	11 6	PAK LAUND G	METERY BI	120,000	MD.		
25A	DATE REC'D	BY HEALTH DEPT.	258. NAM	OF REGISTRAR	25C. FUNERAL DIRECTOR	2-1 11	ADDRESS MOL		
	רבם]	1911 Wallens E	1 Talk	ward 10 )	1 COLENCATOR	EFAL HOUSE	5, PARTO, NO.		
VS	150-REV. 1/1/6	8							



3/5/71 - Letter from M.E. Office. Mg (.

made disposition final 10 D me embal ō the remains obtained 9 (except and any pe 3 ospita to must 0 accid 0 6 0 23C. PHYSICIAN'S 23 D. ADDRESS prior pprov NAME (Type) at JOHNS HOPKINS HOSPITAL THE DEGREE 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION 0 (City, tawn, or caunty) (State) eceased o REMOVAL (Specify) written Ö shows: Was HEALTH DEPT. NAME OF REGISTRAR FUNERAL DIRECTOR ADDRES Ŧ. VS 150-REV. 1/1/68





IMPORTAN

DIRECTOR:

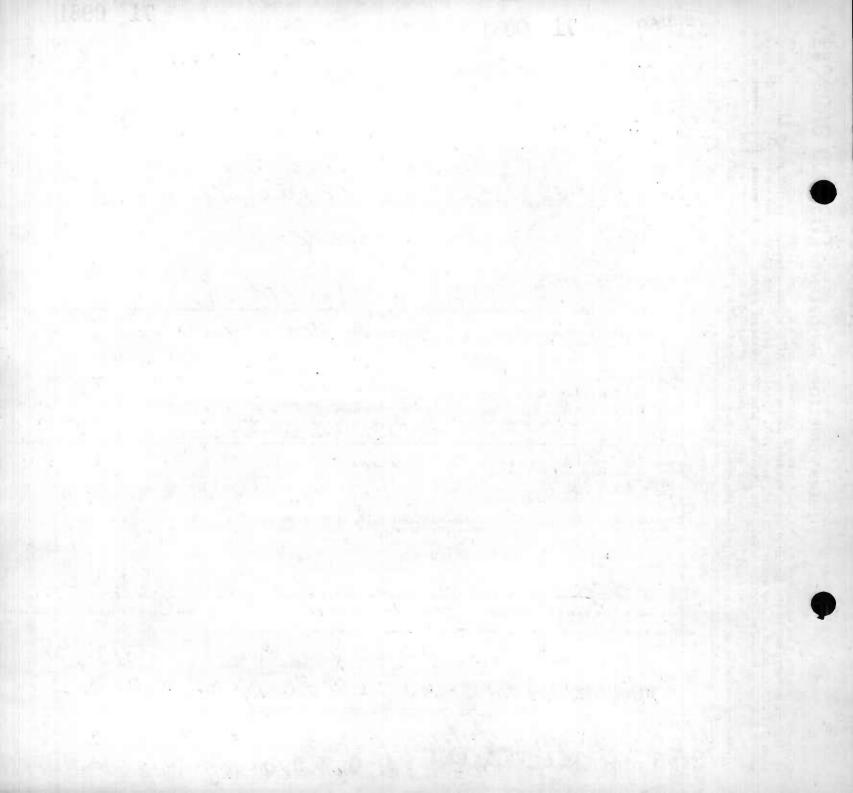
FUNERAL

332 W. Camder St. 7/5/68 cl

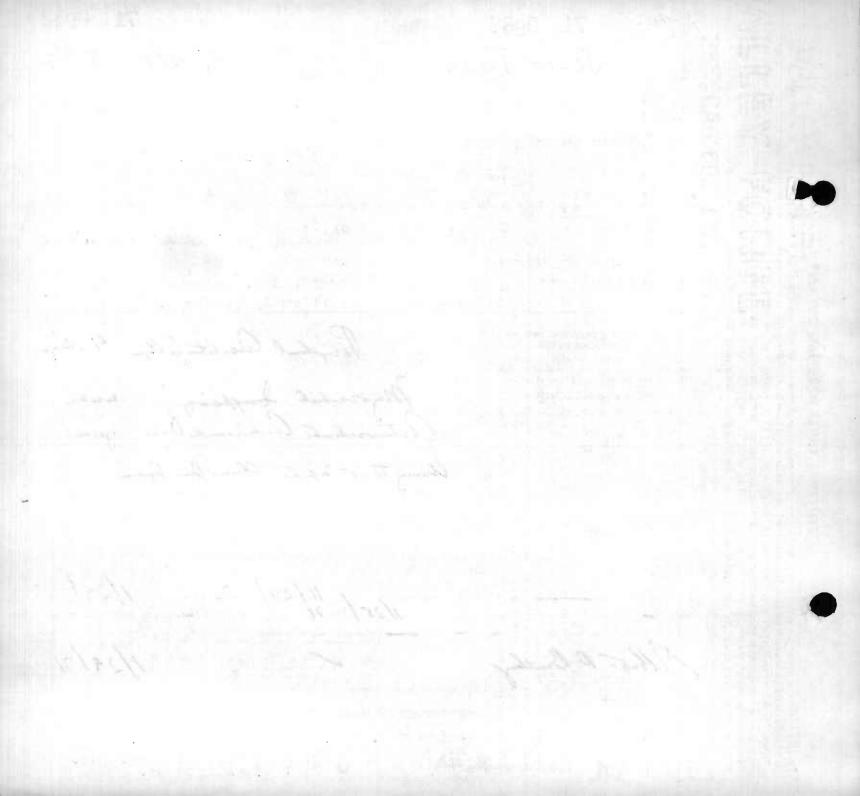
IMPORTANT

DIRECTOR:

FUNERAL



T 11/1	BALTIMORE CITY	HEALTH DEPARTMENT	m4 0=00
BIRTH NO. 71 0982	CERTIFICA	TE OF DEATH	EG. NO. 71 U982
1, NAME OF DECEASED TULIA T	- YLER	2. DATE AND HOUR	129/71 8 15 p M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO	ONOUNCED DEAD	4. USUAL RESIDENCE (Where deceose A. STATE B. COUNTY	d lived. If institution; residence before admission)
FULL NAME OF HOSPITAL OR IN ADDRESS OR LOCATION)		Md. 21224 c.CITY OR TOWN Baltimore	D. INSIDE CITY LIMITS? YES NO
90 Gould Nursing H	lome	403 N. Glover	St.
5. SEX 6. RACE 7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (II	n yeors If Under 1 Yr. If Under 24 Hrs. oyl Months; Doys Hours; Min.
female white WIDON	WED DIVORCED	2/16/86 lost birthdo 84	
tOA, USUAL OCCUPATION (Give kind of work 108, KIN done during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign country	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Baltimore, Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Joseph Planne	er	unknown	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of serv	16. SOCIAL SECURITY NO. 212-14-4987B	17. INFORMANT703 S. DER William A. Hart	Decker Ave.
18. // / 7 61	CAUSE OF DEAT		APPROXIMATE INTERVAL
DISEASE OR CONDITION DIRECTLY		D 0	BETWEEN ONSET AND DEATH
LEADING TO DEATH		11. 10 Gin	2-11 4 days
(This does not mean the made of dying,	e.g., (A) IMMEDIATE CAL	A CONSEQUENCE OF:	
heart failure, asthenia, etc. It means the dise injury or complication which caused death.)	ease,	The second secon	
ANTECEDENT CAUSES	h	150	
	(B) // Ly	orandick troughour	weeks
DISEASES OR CONDITIONS, if any, gi		A CONSEQUENCE OF:	0 %
UNDERLYING CONDITION last.	(d leten	selunte Carolovana	a Crame years.
11			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTE TO THE DEATH BUT NOT RELATED TO THE TERM! DISEASE OR CONDITION GIVEN IN PART 1 (A). 199A. DATE OF OPERATION WAS PERFORMED  O 21A. ACCIDENT WAS UNDERLYING		Infecti Chomic	Oni Syndra
Ulisease or condition given in Part 1 (A).	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF	YES, WERE FINDINGS CONSIDERED
WAS PERFORMED		IN CER	TIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medicol exominer)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	If In Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJURY OCC	UR?
OF INJURY (APPROX.)			
	While At Not While		1 1
00 1 .4 1 413 4 1 . 13 . 13	Work At Work		1/29/ 2/
22, I certify that (1) (this hospital) attend	Work At Work	11/24/1970	10 1/29/192/.
22. I certify that (I) (this hospital) attend that (I) (see) lost sow the deceased alive	Work At Work	11/24/1970	to 1921,
	led the deceosed from	11/24/19 20 5/19 2/ ond that In(my	to 1921, ) (ear) apinion death occurred on the date
that (I) ( lost sow the deceased alive and haur and from the causes stated above 23A. SYCHÂTURE	led the deceosed from	11/24/19 20 5/19 2/ ond that In(my	to 1921, ) (wer) apinion deoth occurred on the date
that (I) ( lost sow the deceased alive and haur and from the causes stated above 23A. SYCHÂTURE	work At Work  led the deceosed from on 2. ve. (I) (We) (did) (did not)	11/24/19 20 11/24/19 20 19/19/19/19/19/19/19/19/19/19/19/19/19/1	
that (I) ( lost sow the deceased alive and haur and from the causes stated above	work At Work led the deceosed from on 2.	19 21 ond that In (my riew the bady ofter death.  Med. Staff Phys.  Director Phys.	
that (I) ( ) lost sow the deceased alive and haur and from the causes stated above 23A. SIGNATURE  Brailing  23C. PHYSICIAN'S NAME (Type)	work At Work  led the deceosed from on 2. ve. (I) (We) (did) (did not)	11/24/19 20 11/24/19 20 19/19/19/19/19/19/19/19/19/19/19/19/19/1	
that (I) ( ) lost sow the deceased alive and haur and from the causes stated above 23A. SIGNATURE BURLEY 23C. PHYSICIAN'S NAME (Type)  BUXXXX	work At Work  led the deceosed from on 2. ve. (I) (We) (did) (did and)  DEGREE AHP	19 20 ond that In(my riew the bady ofter death.  Med. Director Phys. Director 23D. ADDRESS	23B. DAYE SIGNED,
that (I) ( ) lost sow the deceased alive and haur and from the causes stated above 23A. SIGNATURE Brailing Processing Pro	work At Work  led the deceosed from on 2. ve. (I) (We) (did) (did not) DEGREE Atte	19 20 ond that In(my riew the bady ofter death.  Med. Director Phys. Director 23D. ADDRESS	
that (I) ( ) lost sow the deceased alive and haur and from the causes stated above 23A. SIGNATURE BURLEY 23C. PHYSICIAN'S NAME (Type)  BUXXXX	work At Work  led the deceosed from on 2. ve. (I) (We) (did) (did and)  DEGREE AHP	19 21 ond that In(my riew the bady ofter death.  Anding Med. Shaff Phys. 23D. ADDRESS  EMATORY 24D. LOCATION	(City, town, or county) (State)
that (I) ( ) lost sow the deceased alive and haur and from the couses stated above 23A. SIGNATURE BUSINES BUXIAN'S NAME (Type)  BHXXXX  24A. BURIAL CREMATION, REMOVAL (Specify) Burial 2/1/7k	Work  At Work  led the deceosed from on 2. ve. (I) (We) (did) (did and) DEGREE  Attributed the deceosed from DEGREE  D	24 19 20  19 21 ond that In(my riew the bady ofter death.  23D. ADDRESS  EMATORY  24D. LOCATION  Cem.  Baltim  25C. FUNERAL DIRECTOR  CONT. Mannels Fune	23B. DAYE SIGNED,



ا	11/ /- 1/-	ATE OF DEATH REG. NO. 71 0983				
oital and of death Deceased on the the	1. NAME OF DECEASED Margaret	2 DATE AND HOUR OF DEATH				
	MARGRET F. OSTE	R JAN 29 At 7/ 12:25 P.M.				
hospital ise of c (5) Dece ance or death.	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. Il institution: iosidence belore odmissian) A. STATE B. COUNTY				
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN D. INSIDE CITY LIMITS?				
	MONTEBELLO STATE 1005P	BALTIMORE YES NO				
TO	91					
2 9 9 9	5. SEX 6. RACE 7- MARRIED NEVER MARRIED	2619 EDISON ITIGHWAY  8. DATE OF BIRTH  9. AGE (In years   If Under 1 Yr., If Under 24 Hrs.				
rtrik min ggul	WIDOWED DIVORCED	[IQS] birthdoy)   Months! Doys   Hours   Min.				
con con eterr n re n re oceas	10A, USUAL OCCUPATION (Give kind of wark 10B, KIND OF BUSINESS OR INDUSTRY	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
if death rect or c (4) Undet was in the dec	Housewife at home	N.Carolina U.S.A				
if dect 4) U was the	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
	Smoot	unknown				
B - D = 0 -	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT 1101 Tower Bldg. ADDRESS				
N	no	Eugene Schonfield, Atty.				
	18. / 8 O X   CAUSE OF DEAT	H APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
So of of the pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH					
2 5 5	(This does not mean the mode of dying e.g. (A) IMMEDIATE CAI	USE CARCINOMA OF CERVIX 1961 ACONSEQUENCE OF:				
ner. actu pro ular mba	heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)	AND VAGINA				
fra fra gul	ANTECEDENT CAUSES					
examine examiner 3) A fract n who pr n regula are emb	DISEASES OR CONDITIONS, if ony, giving DUE TO, OR AS	A CONSEQUENCE OF:				
al ex (3)	UNDERLYING CONDITION lost. (C)					
medical e/burns; (3) physician an was ir	II					
bood by hy	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	tosis OF LIVER 1969				
by a me 2) Body by re the phy physician	O DISEASE OR CONDITION GIVEN IN PART 1 (A).					
The state of the s	19A- DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A-AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
tal by here Vo ph befor	OB CONTRIBUTION OF THE PART OF	in at about 21 C. WHERE DID (II in Baltimore City, give exect location)				
	DEATH (noity medical examine) etc.)					
hosp natur eept w d (6)	21D-TIME (Month) (Doy) (Yeor) (Houd) 21E INJURY OCCURRED OF INJURY (APPROX.)  While At Not While At Work	21F. HOW DID INJURY OCCUR?				
00 20 24						
0 + E 0 0 0		19-28 19 70 to JAN 99 1971				
55 a 4 a 5 a	that (1) (we) last sow the deceased alive on TAN 29	19 and that In (my) (our) apinian death accurred on the date				
dent of death)	ond haur and from the couses stated above. (1) (We) (did) (did not) v 23A. SIGNATURE					
3 6	AHO AHO	anding Z Med. Stoff Z 1238, DATE SIGNED				
0 - 0>	DEGREE	Andress Med. Shaff Phys. 23D. ADDRESS				
was r An a L at c prior	M. INAVATULAL M.D					
A P B B B B B B B B B B B B B B B B B B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEASTERN OF CRE	MONTERELLO (TOS) ITAZ  EMATORY [240. LOCATION (City, town, or county) (Stote)				
certificates ody was ves. (1) An D.O.A. at assed prior ion appro	Burial 2/1/71 Loudon Park C					
This certif the body shows: (1) was D.O. deceased written ap	25A, DATE REC'D ST HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS				
たれる * 4 ままま	EEB 2 1971 Blee & L. Jaber 140 0	Schimunek Funeral Home, Inc.				
	VS 150-REV. 1/1/AR					



IMPORTANT DIRECTOR: FUNERAL

VS 150-REV. 1/1/68

No M

If Under 1 Yr. Months! Days If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? USA

ADDRESS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Records- US PHS Hospital, Balto, Md.

12 hrs. 5 days 20 mos.

(II in Baltimore City, give exact location)

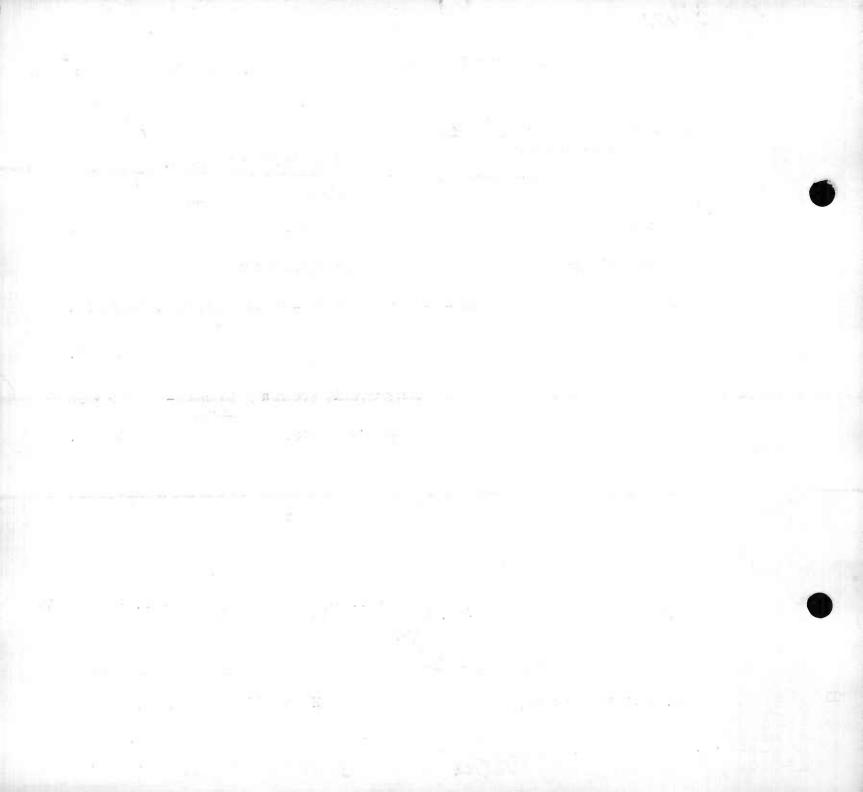
and that in (my) (aur) apinian death occurred on the date

1/28/71

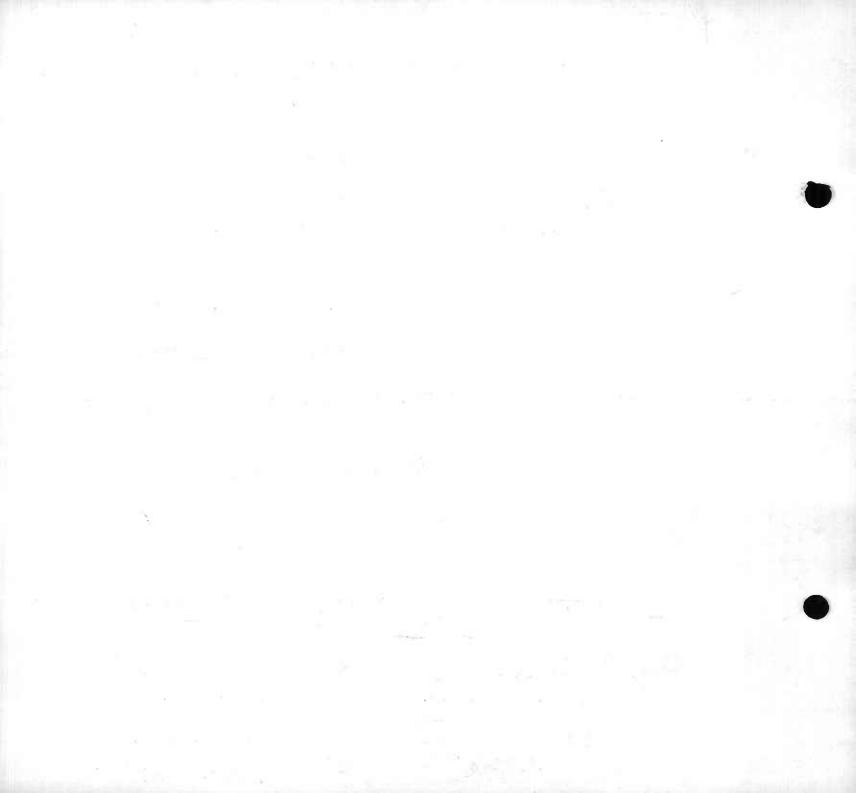
(Stote)

Schimunek Funeral Home, Inc. 3331 Brehms Lane

RGB



1	1 -nh			BALTIMORE CITY	HEALTH DEPARTMENT		
В	RIH NO.	71	0085		TE OF DEATH		74 0985
1,	NAME OF DECE	ASED	9300				(I.L. 00-
	ype or Print)	Rev. F	rancis	W. Vonasek	C,S.S.R	7 20 30	71   0.15
3.	PLACE IN BALTI	MORE MARYLAND, V	HERE PRONC	OUNCED DEAD	4. USUAL RESIDENCE (	Where deceased lived. If i	71 9:15 a. M
н	JLL NAME OF OSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTI	TUTION, GIVE STREET	Md. 2	1205	7-03
IN	NOITUTITE				C. CITY OR TOWN		SIDE CITY LIMITS?
	2	lll Ashlan	d Aver	niie	Baltimor  E. STREET AND NUMBE		YES NO
_	00					land Avenue	2
5,	SEX 6	RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years last birthday)	Il Under 1 Y., Il Under 24 Hrs. Manths: Doys Haurs Min.
	male	white	WIDOWED		8/16/09	1 / 7	Manths Doys Haurs Min.
10	A. USUAL OCCUP	ATION (Give kind of worl	108 KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of	foreign countryl	12. CITIZEN OF WHAT COUNTRY
	Priest	St.	Wences	slaus Church	Baltimor	e, Md.	
5.	FATHER'S NAME				14. MOTHER'S MAIDEN		
		Frank Vo			Anna K	uba	
5. Ye	Was Deceased Es, no or unknown) (	ver in U. S. Armed For I yes, give war or date	ces? s al service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
			^		Mrs. Anna	Novak, sist	er
	18.4/01	14-25	0.1	CAUSE OF DEATH	1		APPROXIMATE INTERVAL
		OR CONDITION DI	ECTLY		P		BETWEEN ONSET AND DEATH
		ADING TO DEATH	1.2	(A) IMMEDIATE CAU	SE CORONAR	Y / HROMBO	SIS SPONTANTOL
	hearl failure, as	lhenia, elc. Il means	the disease.	DUE TO, OR AS A	CONSEQUENCE OF:	***************	
		icalion which caused	death.)	1		// 7	
		ITECEDENT CAUSES		(B) HRTER	10SCLEROTIS	2 /TEART V,	SPASE 3 VRS
	DISEASES OR	CONDITIONS, if above cause (A)	ny, giving	DUE TO, OR AS	A CONSEQUENCE OF:	***************************************	and the state of t
	UNDERLYING	CONDITION last.	siding the	(c)			
		11					
TION	OTHER SIGNIFICATION	ANT CONDITIONS COL	TRIBUTING	Dina	ETES M	_,,,,,,,,	2 1/05
A	DISEASE OR CON	BUT NOT RELATED TO THE	1 (A).		RTES //	ELLITUS	2 X X X Z
CERTIFICA	19A-DATE OF O	PERATION 198 CONI WAS PERF	ORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
- 1	21 A. ACCIDENT	WAS UNDERLYING	21B	PLACE OF INJURY (e.g., In	or obout 21 C. WHERE DID	(if in Boltimar	e City, give exoci location)
3	DEATH (notily me	edicol examined	elc	e, form, fociary, street, alfi	ce bidg., INJURY OCCUR		
VED!	21 D. TIME (A	Aonthi (Doyl (Yeorl	(Haud 21 E	INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
2	(APPROX.)		Whi	ile At Not While			
	22. I certify the	at (I) (shi <del>s looptel</del> )			718	19 67 to 1/	10000
		st saw the decease			10 7/	,	
				lv (terrebb) (bib) (eW)	19	that in (my) (our) apli	nian death accurred an the date
	23A. SIGNATURE	OW THE CODSES STOLE	and and Ae' (I	) (and) (and) (and) VI	ew the bady after deat	Te .	
	91	1 21		Atten	ding Med.	Shift [	23B. DATE SIGNED
	23C. PHYSICIAN'S	J. Ofour	2/2a	DEGREE	,	Staff Phys.	2/1/71
	NAME (Type	Henry R.	Housk		3D. ADDRESS	. East Ave.	/ /
4A	BURIAL CREMA	TION, 248, DATE		DEGREE METERY OF CREA			
	KEMUVAL (Spec	Cily)		ly Redeemer			y, town, or county) (Stote)
A	Burial .			-		Baltimore,	
	0 2 197	Jabel E.	aber A	REGISTRAR O	Schimunek	Funeral Hom	ne, Inc.
6	SO-PEV 3/1/49			-1 -	Z0U1 B	. Madison S	JC



VS 150-REV. 1/1/68

Such

D-525 71 09	100	Y HEALTH DEPARTMENT ATE OF DEATH REG. N	10. 71 09.86
(Type or Print) Duncan, Mary		2. DATE AND HOUR OF D	, 4:15 P.
3. PLACE IN BALTIMORE, MARYLAND, WHERE	institution, Give street pital Complex Heights Ave.	A. USUAL RESIDENCE (Where deceased live A. STATE B. COUNTY Maryland C. CITY OR TOWN Baltimore E. STREET AND NUMBER 1442 PresstmAn St.	D. INSIDE CITY LIMITS?
Female Black WID	ARRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 9. AGE (in year lost birthdey 53	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. K. done during most of working life, even it refired) Unemployed 13. FATHER'S NAME Pet Abbott	IND OF BUSINESS OR INDUSTRY	Va.  14. MOTHER'S MAIDEN NAME  Merliza Abbott	12. CITIZEN OF WHAT COUNTRY U.S.A.
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of se	16. SOCIAL	Merilza Abbott	
Yes, no or unknown) (If yes, give wor or dotes of so	SECURITY NO.	Mr. Preston Duncan-Hus	sband Same
DISEASES OR CONDITIONS, if any, rise to the abave cause (A) stating UNDERLYING CONDITION (ast.)  OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE TERM DISEASE OR CONDITION GIVEN IN PART 1 (A).  19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMENT UNDERLYING TO THE TERM OF THE	giving (B) Early (B) DUE TO, OR AS (C) Hype	Cesan Palmory Cesal  A CONSEQUENCE OF:  Tendon  [20A. AUTOPSY? (Yes or No)] 20B. IF YES. V	+ Cardia
WAS PERFORMEN	D	No IN CERTIFYING	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	218. PLACE OF INJURY (e.g., ) home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID (If In Bo	allimore City, give exact location)
21D-TIME (Month) (Doy) (Year) (House IAPPROX.)	While At Not While Work At Work		
22. I certify that (I) (this hospital) alter that (I) (we) last sow the deceased allow ond hour and from the couses stated about 23A. SIGNATURE  23C.PHTSICIAN'S NAME (Type)	ove. (I) (We) (did) (did not) v		r) opinion death occurred on the dote  238. DATE SIGNED  Jan. 26, 1971
WEBSJER .	SEWELL M.D. DEGREE 24C. NAME of CEMETERY OF CRE		(City, town, or county) (State)

2

Manager of the control of the contro

hospital

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he body

BALTIMORE CITY HEALTH DEPARTMENT REG. NO. CERTIFICATE OF DEATH Samuel F. Cobb I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE B, COUNTY 3. PLACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore C. CITY OR TOWN Dundalk D. INSIDE CITY LIMITS? Baltimore City Hospitals Baltimore NXXX YES -4940 Eastern Avenue E. STREET AND NUMBER 938 Grove Avenue Baltimore, Maryland21224 212222 is made. DATE OF BIRTH 5. SEX 9. AGE (In years 6. RACE If Under 1 Ys. Il Under 24 Hrs. 7. MARRIED NEVER MARRIED lost birthday white 10-12-78 Male DIVORCED WIDOWED 10A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) West Virginia Coal Miner Retired USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dotes of service) 16. social security No. 234-14-1118 7. INFORMANT ADDRESS 4940 Eastern Avenue Baltimore, Maryland 21224 or final BCH RECORDS attendance No CAUSE OF DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (A) IMMEDIATE CAUSE (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO, OR AS A CONSEQUENCE OF: regular ASCNO ANTECEDENT CAUSES our desense her DUE TO, OR AS A CONSEQUENCE DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the UNDERLYING CONDITION last. the remains Was п CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (A). physician Body 19A-DATE OF OPERATION 19A CONDITION FOR WHICH OPERATION WAS PERFORMED 20A AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFIING CAUSES OF DEATH? before OR CONTRIBUTING CAUSE OF 218, PLACE OF INJURY (e.g., in or a bout 21 C. WHERE DID home, farm, factory, street, office bidg. INJURY OCCUR? (if in Baltimore City, give exact location) here °Z MEDICAL DEATH (notify medical examined 3 obtained 21F. HOW DID INJURY OCCUR? (Month) (Day) (Year) (Hour 21E INJURY OCCURRED 9 OF INJURY (except While At Not While [APPROX.] Work and any 22. 1 certify that (1) (this hospital) attended the deceased from 1 29 71 1-29-71 and that in (gry) (our) opinion death occurred on the dote 19\_71 eath) of must and hour and from the couses stated above.XXX (We) (did) (AXXXXView the body after deoth. 23A. SIGNATURE 238, DATE SIGNED hosi T 1/29/71 Attending -0 Phys. Director written approval 8 23C-PHYSICIAN'S NAME (Typel 23D. ADDRESS prior 40 Baltimore City Hospitals 4940 Eastern Avenue, 21224 Dayid Juan. M.D. 24C. NAME OF CEMETERY OF CREMATORY 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) deceased 24D. LOCATION (City, town, or county) O 2/1/71 Ashford, Boone Co. West Va. Barker Cemeterv Removal-Burial shows: o 25A. DATE REC'D BY- HEALTH DEPT. 258 NAME OF REGISTRAR 25C, FUNERAL DIRECTOR Duda John J. 7922 Wise Ave. Dundalk, Md. VS 150-REV. 1/1/68

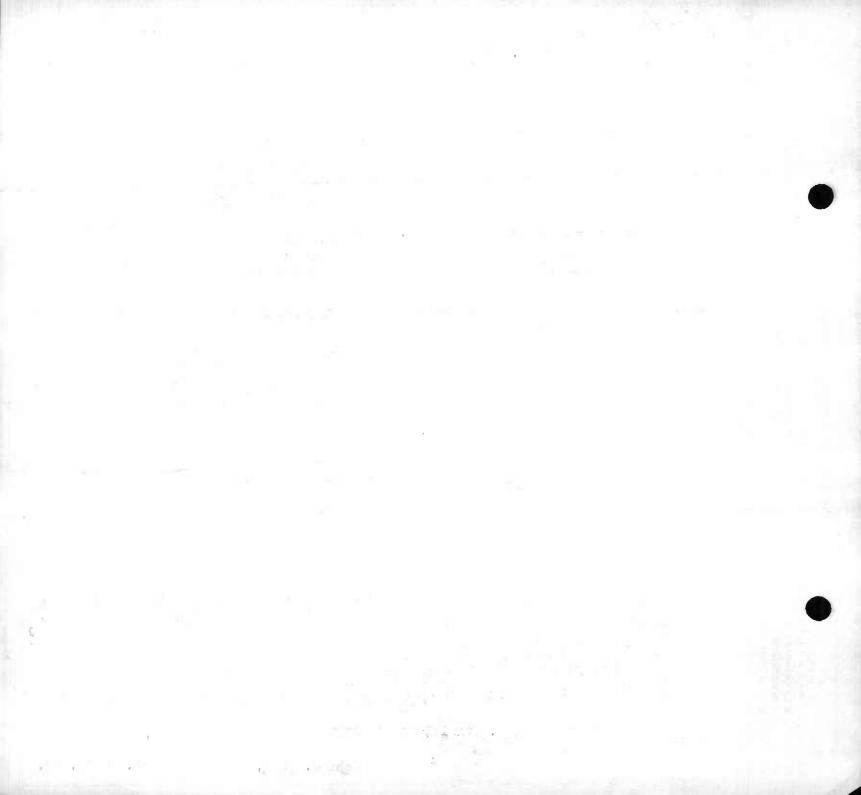
IMPORTANT

DIRECTOR:

FUNERAL

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VS 150-REV. 1/1/68



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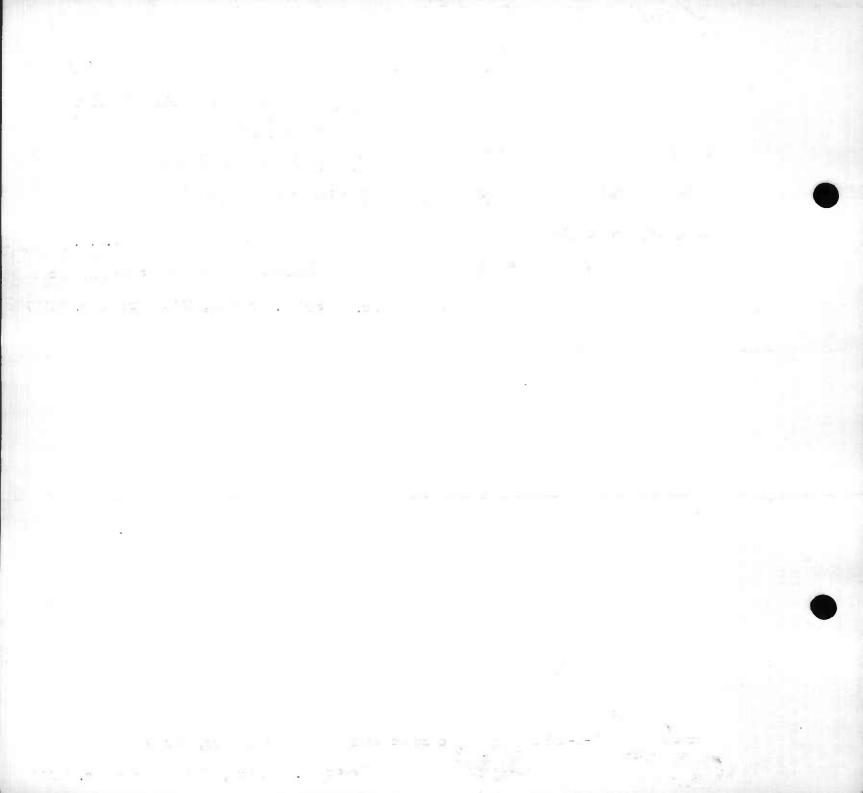
FUNERAL DIRECTOR:

M-625 71 0989		TE OF DEATH	REG. NO	71 0989
1. NAME OF DECEASED (Type or Print) Marcliano, Mrs.	Helen T.		D HOUR OF DEATH	11105 4
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONG		MARYLAN D	TY	stitution: residence before admission)  25-4
Bon Secours Hospital		E. STREET AND NUMBER	lon St-	YES NO .
terrale Cauchsian WIDOWE		8. DATE OF BIRTH 9/24/26	9. AGE (In yeors last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND of done during most of working life, even if relired)  Ava 10  13. FATHER'S NAME	n Hill	Maryland		USA
Philip Kirwan	1 6. SOCIAL	Mabel  17. Informant	A E	
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.  220-18-9925  CAUSE OF DEATI	Mr. Carl G. Mar	ciano, 4524	Parkton St. 21229
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Marsi ve	resul auters.	supal HI	BETWEEN ONSET AND DEATH
(This daes not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease injury or complication which caused deoth.)  ANTECEDENT CAUSES	011530 00 15	a consequence of:	·	7
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sloting the UNDERLYING CONDITION last.	(B) DUE TO, OR AS	A CONSEQUENCE OF:		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).	***************************************			
1994-DATE OF OPERATION 198 CONDITION FOR WAS PERFORMED		20A. AUTOPSY? (Yes or No)	208 IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION C	B. PLACE OF INJURY (e.g., ir me, form, foctory, street, of	fice bidg. INJURY OCCUR?	(If In Boltimore	City, give exoct locotion)
S OF INJURY	E INJURY OCCURRED  hile At  Not While ork  At Work	21F. HOW DID INJU	JRY OCCUR?	
22. f certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive an.	the deceased from January 29	anuany 25 1		nuary 29 19 7/
and haur and fram the causes stated above.  23A. SIGNATURE  hamsh and appearance.	(1) (We) (did) (did nat) v	lew the bady after death.		January, 29, 197/
	SAPONG M.D. DEGREE	Bon S	com Harp	
REMOVAL (Specify)	ew Cathedral Co		timore, Mary	, lown, or county) (Stole)
	of Federal Co	25C. FUNERAL DIRECTOR		Address Wilkens Ave. 2122°

And the same

STAR A TREE PLEASE OF FIRE

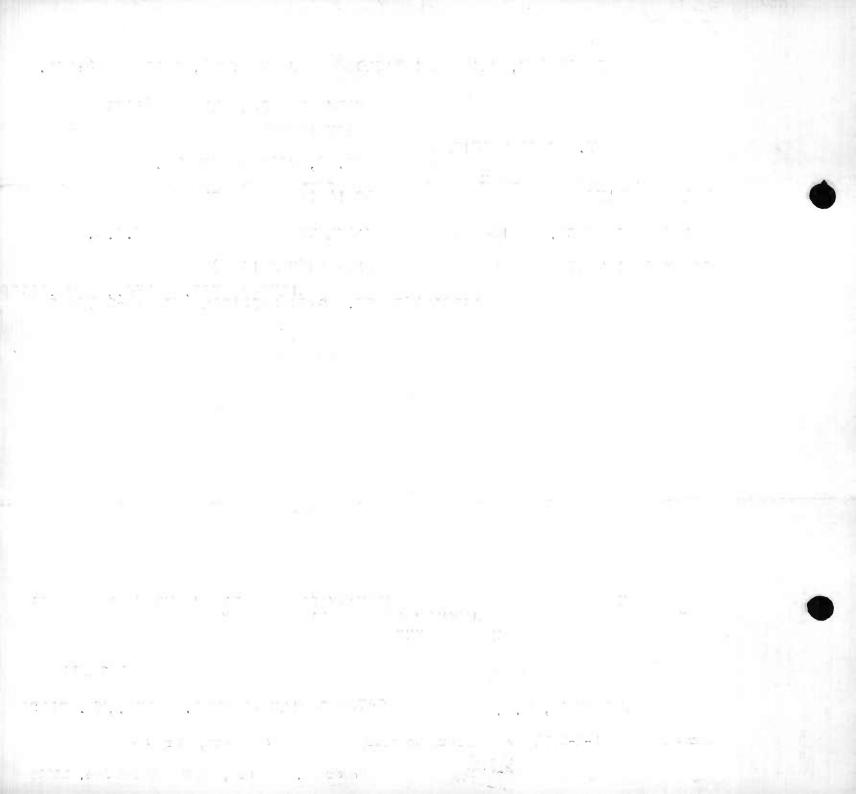
1 1-30 71 nogn BALTIM	ORE CITY HEALTH DEPARTMENT 71 0990
DIKITI 140.	IFICATE OF DEATH REG. NO.
1. NAME OF DECEASED (Type or Pant) MRS: Mary G. KENDO	2. DATE AND HOUR OF DEATH  1-28-71 1:35 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  FULL NAME OF HOSPITAL OR INSTITUTION, GIVE ST ADDRESS OR LOCATION)	C CITY OR TOWAL
BON SECOURS Hospit	YES NO T
6. RACE 7. MARRIED NEVER MAR WIDOWED DIVOR	RRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 His Months; Days Haus; Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR I done during mast of working life, even if retired)	
Housewife 3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME  U.S.A.
Jacob P. Luers  5. Was Decoased Ever in U. S. Armed Forces?   16. SOCIAL	17. INFORMANT
(es, no or unknown) (If yes, give war or dates of service) SECURITY	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	OF DEATH  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEAT
injury or camplication which caused death.)  ANTECEDENT CAUSES	TO, OR AS A CONSEQUENCE OF:
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).  179A. DATE OF OPERATION 199B. CONDITION FOR WHICH OPERATION WAS PERFORMED  21A. ACCIDENT WAS UNDERLYING 11 121B. PLACE OF INITI	
OR CONTRIBUTING TICALISE OF	URY (e.g., in or about 21C, WHERE DID street, affice bidg., INJURY OCCUR?  (II In Boltimore City, give exact location)
DEATH (notify medical examiner) etc.)  21D.TIME (Month) (Day) (Year) (Haur)  21E. INJURY OCCU  While At Wark	RRED 21F. HOW DID INJURY OCCUR?  Not While At Work
22. I certify that (I) (this hospital) attended the deceased frethat (I) (we) last saw the deceased alive on	28 19 7/ and that In(my) (our) opinion death occurred an the dat
and hour and from the causes stated above. (1) (We) (did) (d 23A. SIGNATURE Hollen and Arbun dayo	Attending Med. Stoff   23R, DATE SIGNED   1-28-71
ROLENDO M. SABUNDAYO	DEGREE BOX Secrets Hagy tol
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETE Burial 2-1-1971 Holy Redeeme	
FEB 2 1971 COLORS & STANLE OF REGISTRAN OF	



IMPORTANT FUNERAL DIRECTOR:

VS 150-REV. 1/1/68

2. DATE AND HOUR OF DEATH JANUARY 28, 1971 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE B. COUNTY 21157 D. INSIDE CITY LIMITS? NOK YES T 6. BEAR BRANCH RD. Il Under 1 Yr., If Under 24 Hrs. 12. CITIZEN OF WHAT COUNTRY? U.S.A. 17. INFORMANT WILKENS AVES. BALTO ADDRESS MD. 21229 ST. AGNES HOSPITAL RECORDS-CATON & APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If In Baltimare City, give exact location) and that in (my) (our) opinion death occurred on the date 23 B. DATE SIGNED 01/28/71 CATON & WILKENS AVES. BALTO., MD. 21229 Baltimore, Maryland Howard H. Hubbard, 4107 Wilkens Ave. 21229



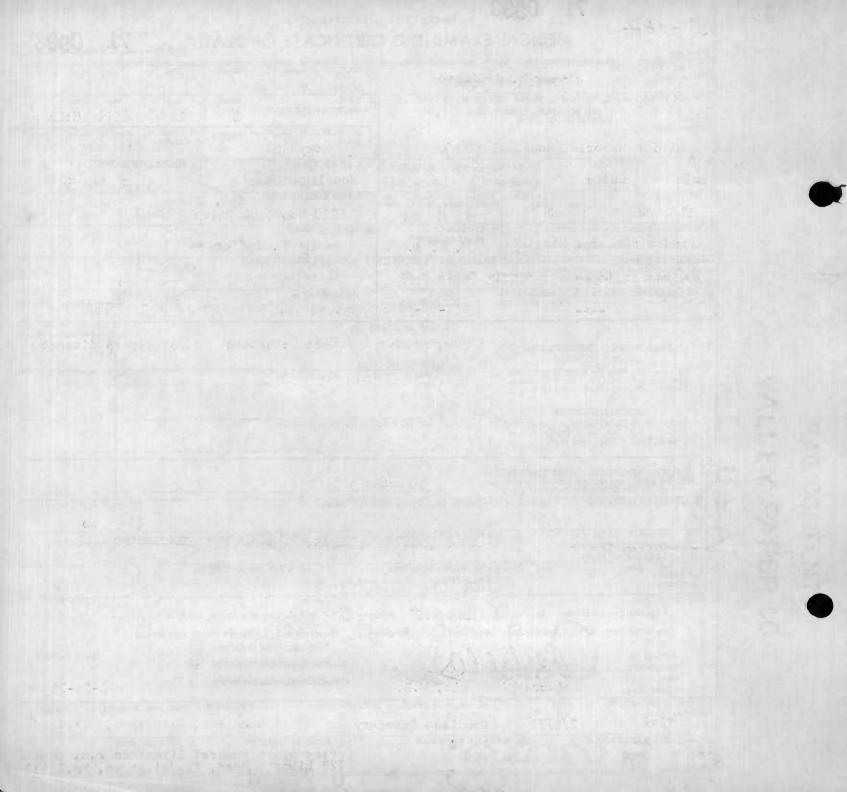
	) -465 RTH NO.		0992		HEALTH DEPARTMENT OF DEAT		71 0992
	NAME OF DECEASED (pe or Print)	CARRIE	E.	DALRYMPLE	2. DA	TE AND HOUR OF DEATH	16-241
FU		F NOT IN HOSPITA	L OR INSTITUTION)	UNCED DEAD UTION, GIVE STREET HOSPITOL	4. USUAL RESIDENCE A. STATE B. MARYLAND C. CITY OR TOWN	(Where deceased lived. If it county BALT IMOR	
5.	1	aton t	wil	Kensave	E. STREET AND NUMI	BARRII	YES NO BOL A
	<i>F</i>	W	· MARRIED [	DIVORCED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
]	A. USUAL OCCUPATION of during most of working Housewife FATHER'S NAME	IN (Give kind of work) life, even if retired)	OR KIND OF	BUSINESS OR INDUSTRY	Mary	land	12. CITIZEN OF WHAT COUNTRY?
	Henry	Broseker			14. MOTHER'S MAIDER Louisa	F. Hoffman	
5. (Ye	Was Deceased Ever in s,no or unknown) (If yes	U. S. Armed Force , give war or doles	ol service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS 2122
	18, // 6 /	7.		CAUSE OF DEATH		Dalrymple, 43	07 Barrington Rd.
	(This does not med heart failure, asthern injury or camplication	io, etc. Il means Il on which caused d EDENT CAUSES NDITIONS, il ar ve cause (A) s	lying, e.g., he disease, leath.)	(B) Ph	SE FLUTY A CONSEQUENCE OF:  A CONSEQUENCE OF:	Lechngria Embo Rolls.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  30 Mun  I marith
CERTIFICATION	OTHER SIGNIFICANT ( TO THE DEATH BUT N DISEASE OR CONDITION 1994 DATE OF OPERA	NOT RELATED TO THE ON GIVEN IN PART I	TERMINAL	WICH ORDANON	120 A 44-58-50		***************************************
RTIF	0	WAS PERFO	RMED	THEN OPERATION	20A. AUTOPSY? (Yes	IN CERTIFYING CAL	FINDINGS CONSIDERED USES OF DEATH?
CAL	21A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify madica	UNDERLYING CAUSE OF	21 B, F home etc.)	LACE OF INJURY (e.g., in larm, loctory, street, offi	or obout 21 C. WHERE D	ID (If in Boltimore	e City, give exect location)
MEDI	21 D-TIME (Month OF INJURY (APPROX)	(Doy) (Yeor)	(Hous) 21& I While Work			INJURY OCCUR?	
	22. I certify that (I	) (this hospital)				1016 (A) I	7111 779 71
	that (I) (1997) last so			kuy SJ	192/ on	19 19 7 4a 11 and only	nian death accurred an the date
	The state of the s		- 61	(#e) (did) <del>(did noi)</del> vi	ew the bady after de-	oh.	reall accourse on the date
	23A. SIGNATURE	1000	2100	MALO Atten	ding Med F	Shoff Phys.	23 B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Type) Ea	rl Pass	008)	OEGREE Phys.	D. ADDRESS		1/29/7/
4A	BURIAL CREMATION		24C. NAA	AE OF CEMETERY OF CREA			imore, Maryland
F	REMOVAL (Specify)	2-1-1971	Loud	on Park Cemet			
	EB 2 TIT	Bound E	Ja Ber	( 0 M(P	25C. FUNERAL DIREC	1	ADDRESS ilkens Ave. 21229
15	150-REV- 1/1/68						

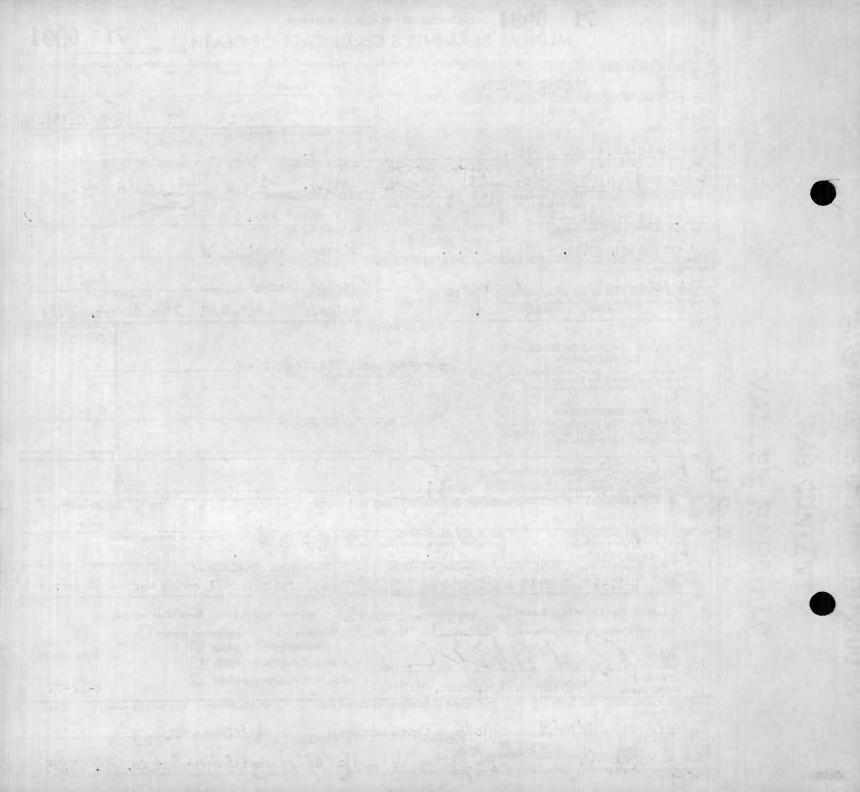
more, Maryland

. Maryle

E-21 - E-22

RI	] - 16	2	MED	ICA		AMINE						OF [	DEAT	ΤΗ,	REG. NO	71		098	93
1.	NAME OF DE	CEASED	Witmen					2. D		Kno	own 🗆		Month		Doy	Yeo	ır	Hour	
FU	PLACE IN BAI LL NAME OF SPITAL INSTITUTION	(IF N		L OR INS		INCED DEAD		3. D.	ATE	UNCED	DEAD		Month 1		Doy 28	Yes 19	71	Hour 8:2	
	Unio		rial Ho	spita	al (1	DOA)		5. US A. ST	ALE		land		ece ased	lived, I B. C	institution	on: residen Balt			ssion)
	sex nale	7. RACE Whit	e	B. MARI		NEVER MAR	RIED	1		1awr		12/4		D. 1		CITY LIMIT		Det	
9.	12/24/C		10.AGE (ir lost birthdo	yeors	If Und	er I Yr. II Unde	er 24 Hrs.		REET A	AND N	UMBER	R	lpt.		212	YES	N	o 🌁	
11.	BIRTHPLACE (S	State or fore		inia		IZEN OF		13. F	ATHER'	'S NA	WE		Dri		414	07			
uon	USUAL OCCU eduring most of v Retired	working lite, e	ven li retired)			ISINESS OR I	NDUSTRY	15. A	MOTHE		IDEN I								
16. (Ye	WAS DECEAS s, no or unknown	ED EVER IN	U.S. ARMED	FORCE:	5?	7. SOCIAL SECURITY 2 12-05-	NO. 72		NFORA	-	к. З	Jeff	ierso	on,	2010	ADDRESS -G Wo		awn 07	Drive
CERTIFICATION	(This does no heart loilure Injury or con DISEASES (CRISE TO THE UNDERLYIN) OTHER SIGN TO THE DEA	LEADING T of meon the content, esthenic, est nplicotion wh NTECEDENT DR CONDIT E ABOVE CA NG CONDIT IFICANT CO	mode of dyl c. It meons the ich coused deo CAUSES IONS, IF ANY, USE (A) STAT TION LAST.	ng, e.g., disease, th.) GIVING ING THE	TING	(B)	AEDIATE C E TO, OR A	AUSE S A CO	ONSEQ	AN ENCI	OF:								*************
CERTIF	DISEASE OR	CONDITION	GIVEN IN PA	RT 1 (A).		-										21. AU		Y? (Yes	or No)
EDIC	UNDERLYING UTING CA	USE OF DE	ITRIB-		) 22E.	INJURY OCC	URRED.	WHILE	etc.) II	NJUKY	OCCUR	(?	n Boltimo		/, give ex	oct locotion	n)	0	
		JRE	latural days	who	lal	nspection ident	Sulcide	opsy	Ho	MICIDE CHIEF A	_	Und L EXA	determi MINER MINER		h in my	opinion		ate sign	
24 A	BURIAL CREA	AATION.	24B. DATE		24C. I	NAME of CE	METERY o			RY			CATION			n, or coun	ty)	(Sto	te)
25A	DATE REC'D	BY WEALTH	2/1/7 DEPT. BUSE.			REGISTRAR			25C. F	ing !	L DIREC	CTOR	uner	al l	Direc	DDRESS ctors	Р.	Δ.	
VS I	51-REV. 1/1/68			1 1	3 7	-		1	1	4	Digital L	10	uad,	1(2)	ecal]	lstown	3.	10.2	1133





This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

(	0-632 71 0995		TE OF DEATH	REG. NO.	74 0095
1.	RTH NO.  NAME OF DECEASED  ype or Print!  Ortgies, Howard S.	<b>GENTINIO</b>		HOUR OF DEATH	):30 , P
FI	JLL NAME OF OSMITAL OR I ADDRESS OR LOCATION) BALTIMORE CITY 4940 Eastern A Baltimore, Mar	NSTITUTION, GIVE STREET HOSPITALS Venue	Maryland Balti C. CITY OR TOWN  LINGHICM E. STREET AND NUMBER	more a. a. Inside	titution: residence before odmission  E CITY LIMITS?  YES NOTE
	SEX 6. RACE 7. MAR WIDO	RIEDA NEVER MARRIED DIVORCED DIVORCED	301 Oakdale F 8. DATE OF BIRTH 9. 3-24-01		If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
do	A. USUAL OCCUPATION (Give kind of work 108, KIN no during most of working life, even if relired) Sales Manager FATHER'S NAME		11. BIRTHPLACE (State or loreign New York, N.Y. 14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY USA
15.	William S. Ortgies Was Decessed Eyer In U. S. Armed Forces?		Sarah Jefferi		
(Ye	s, no or unknown) (If yes, give wor or doles of sen	16. SOCIAL SECURITY NO. 089-03-2319	BCH RECORDS		astern Avenue ore, Md. 21224
ATION	LEADING TO DEATH  (This does not meen the mode of dying, heart foilure, osthenio, etc. It meens the distingury or complication which caused death.)  ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, give to the above cause (A) stating UNDERLYING CONDITION last.  11  OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO THE TERMING DISEASE OR CONDITION GIVEN IN PART 1 (A).	ving (B) DUE TO, OR AS (C)	SE SEDTO CONSEQUENCE OF:  A CONSEQUENCE OF:	Sito(K	10 mo.
ERTIFIC	19A-DATE OF OPERATION 19B. CONDITION I	***	162	OR IF YES WERE FIN	NDINGS CONSIDERED
CAL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)	21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, offi etc.)	or obout 21 C. WHERE DID	(If In Boltimore	City, give exoct facation)
MEDI	21D-TIME (Month) (Doy) (Year) (Houd) OF INJURY (APPROX.)	21E INJURY OCCURRED  While At  Not While  At Work	21F. HOW DID INJUR	Y OCCUR?	460
	22. I certify that XM (this hospital) attend that (I) (XM) last sow the deceased alive and hour and from the couses stated above 23A. SIGNATURE	on (1) (did) (did) vi	ew the bady after death.	2.	on death occurred an the date
244	23C. PHYSICIAN'S NAME (Type)  John Neefe,		Director C Pin BD. ADDRESS Baltimor 4940 Eas Baltimor	e City Hosp tern Avenue e, Md. 2122	
3.	wrial 1/30/71	1.1 916	metery Balte  25C. FUNERAL DIRECTOR  COUNTY FUNERAL	. Md. 21229	ADDRESS  to, Md. 21225

11 TO THE T Lichard Km a me 15-38-1 8

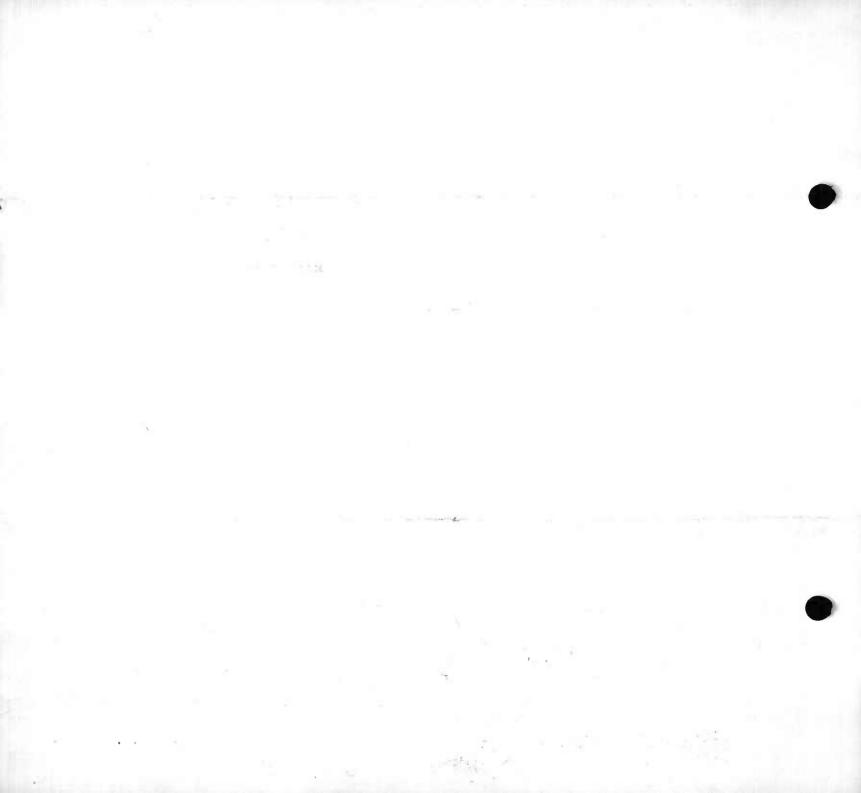
on the Such	Bi
se; (5) Designation of the death	13. 15. 15. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17
ular att	5.
Indetermis in reg	qq
ind; (4) Ueath was on the aldispos	15
of any k unced d tendance	-
fracture no prono gular at embalm	
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	200
(2) Body the physicial fore the r	MOTA CENTRICATION
cept whend (6) No tained be	Anton
pital (ex eath); ar ust be ob	
in accide at a hos rior to d	
shows: (1) An accident of was D.O.A. at a hospital deceased prior to death); written approval must be	2
she de	F

0 1	, ,		BALTIMORE CITY	HEALTH DEPARTMENT		71	0007
() -21 BIRTH NO.		0997	CERTIFICA	TE OF DEATH	REG. NO	V.L	0997.
Type or Print)	ettie Osborn			2. DATE	AND HOUR OF DEATH	H	
				The Mental Period (V	1/30/71	1	2:20 A M.
FULL NAME OF HOSPITAL OR INSTITUTION	UF NOT IN HOSP		TION, GIVE STREET	A. STATE B. CO Balto .Md .			Co. 53-00
	cy Hospital			Balto. Co		YES	ио 🗌
				Rt.#1 Box	539 Balto	Md.	
F	6. RACE	7- MARRIED WIDOWED		02/08/93	9. AGE (In years tost birthdoy)	Months Doys	If Under 24 Hrs. Hours Min.
			BUSINESS OR INDUSTRY	11. BIRTHPLACE IState of	loreign country)	12 CITIZEN O	F WHAT COUNTRY?
Homekeer	working life, even if cellred		sewife	North Carol		U.S.	Α,
3. FATHER'S NA Mars	hall Roupe			Matilda Ro	wame upe Sturgill		
Yes, no or unknown	d Ever le U. S. Anned Fa		16 SOCIAL SECURITY NO. 212-26-7573	17. INFORMANT	Rt.1	Box539	221.
no			CAUSE OF DEAT	Mrs. Violet M	Peck part		ROXIMATE INTERVAL
DISEASES rise to the UNDERLYIN	ANTECEDENT CAUSE OR CONDITIONS, if the above cause (A) G CONDITION fast.  FICANT CONDITIONS CO. THE BUT NOT RELATED TO	any, giving staling the ONTRIBUTING THE TERMINAL	(c)	Rod Carcinon	nstosis		
			HICH OPERATION	20A-AUTOPST? (Yes or	No) 208 IF YES WEE	E FINDINGS CON AUSES OF DEATH	SIDERED
OR CONTRIB	INT WAS UNDERLYING UTING CAUSE OF y medical examined	218	PLACE OF INJURY (4.0.,	in of about 21 C. WHERE DIE ffice bidg., INJURY OCCUR	(II In Boltim	ore City, give exoc	t locotion)
21D. TIME OF INJURY IAPPROX.)	(Month) (Doy) (Year		INJURY OCCURRED  Not White At Work	ie 🗖	INJURY OCCUR?		
	y that (1) (this hospite)		January 3	12-21 0 19 7/ and		7 - 30 plnion death oc	
and hour ar		oted above. (1	1	ending Med.	Staff Phys.	23B DATE SIG	
23C. PHYSICI NAME (	. F. Bon		DEGREE	301 St. P.	2.1 Street	BoHime	e md.
Burial	(Specify) 248. DATE 2-1-19		air Memorial	700 000 000 000 000	_	rford Co.	
EB Z REC	BY HEALTH BETT.	PART NAME &		Lassann Fun	neral Home 74	Ol Belair Baltimo	Rd. 21236
VS 150-REV. 1/1	/68						

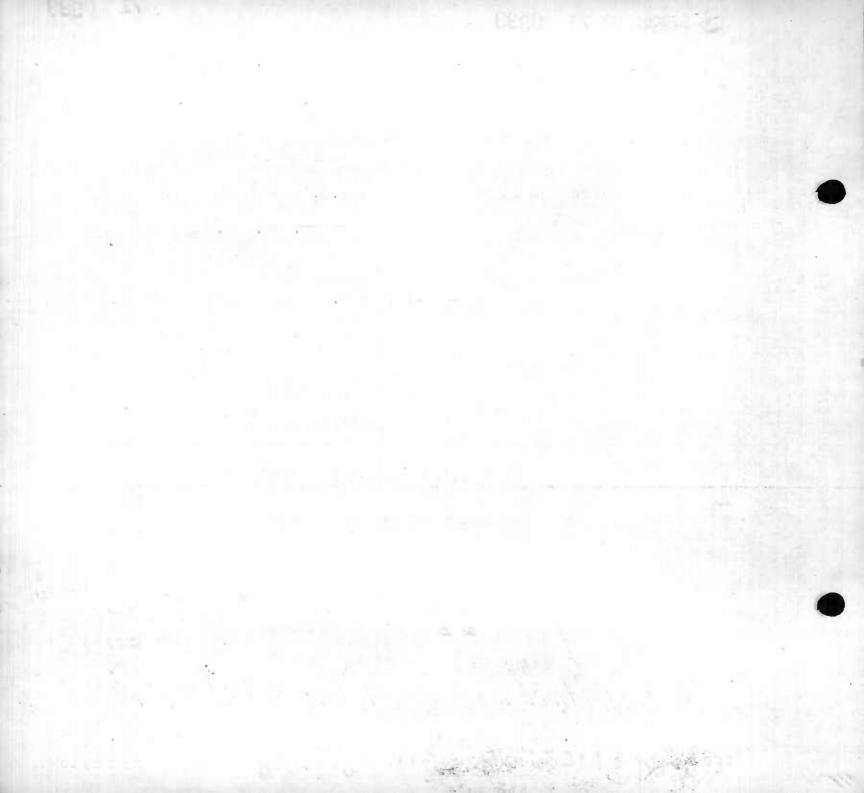
va . . . . . The state of the s The Bondy son it so that Billion of

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BI	M-600 7	L 0;	CACALI	HEALTH DEPARTMENT	REG. NO	71 0998			
1.	NAME OF DECEASED				AND HOUR OF DEATH	1			
	Jane		roore, F	1/	28 /71	1 4/20 PM			
]] 3.	PLACE IN BALTIMORE, MARYLAND,	WHERE PRO	ONOUNCED DEAD	Ilve sivir	21411	institution: residence before admission)			
H	OSTITUTE OF ADDRESS OF TO	TAL OR IN	ISTITUTION, GIVE STREET	Marylan	d	12-06			
IN	NOITUTION			Baltima		SIDE CITY LIMITS?			
	- amon Mes	ner	enf	E. STREET AND NUMBER		YES NO			
	1			2106 St 1	Paul S1				
5,	SEX 6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE IIn years last birthday)	If Under 1 Yr. If Under 24 His. Months Days Hours Min.			
10	A. USUAL OCCUPATION (Give kind of wo	WIDOV	WED OIVORCED	8-8-72	a &				
90	ne during most of working life, even it retired;	INTO KINI	OL BOSINESS OK INDUSTRA			12. CITIZEN OF WHAT COUNTRY?			
	FATHER'S NAME			Marijtano		American			
	John F.	MM	ste	14. MOTHER'S MAIDEN N		011			
15.	Was Deceased Ever in U.S. Armed E.	*****	11 4 600111	17. INFORMANT	accesses Anni				
IYe	no or unknown) (If yes, give war or do	es of servi	security no. 216-24-7438	Chart		ADDRESS			
	18. 485XI		CAUSE OF DEATH			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	DISEASE OR CONDITION D		Bulat	teral Bronchy	greumon	a			
	1This does not mean the made a hearl initure, astheria, etc. Il mean	s the dise	e.g., DUE TO, OR AS A	SE CONSEQUENCE OF:	/	***************************************			
	injury or complication which cause ANTECEDENT CAUSE								
	DISEASES OR CONDITIONS, if		(B)	A CONSEQUENCE OF:		***************************************			
	underlying condition lost.	sloling	(c)		**************				
z	11								
ATIO	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION GIVEN IN PA	IHE TERMIN	AL		******************************				
CERTIFICATION	V-/	FORMED		20A. AUTOPSY? (Yes at N	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
CAL	21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)		21B. PLACE OF INJURY (e.g., in hama, farm, factory, street, affi etc.)	or obout 21 C. WHERE DID INJURY OCCUR?	(if In Baltima	re City, give exoct lacation)			
MEDI	21 D. TIME   Manth! (Doy) (Year) OF INJURY	(Hour)	21E INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?				
-	[APPROX.]		While At While At Work						
	22. 1 certify that (1) (this hospital) attended the deceased from 126 1971 to 128 1971								
	that (1) (we) last saw the deceased alive an 1971 and that in(my) (aur) apinion death accurred on the date								
and hour and from the causes stated above. (1) (We) (dld) (dld not) view the body after death.									
	23A. SIGNATURE  Attending Med. Staff 2								
	pages Phys. Director Phys. A								
	23C. PHYSICIANS NAME (Type) 555 AM	E.	CHEIKH	len ion	Nemoria	of Hospital			
24A	BURIAL CREMATION, 248. DATE	240	NAME of CEMETERY OF CREA		LOCATION (C	ty, tawn, or county) (State)			
25.0	Burial 2/1/7	7	Cedar Hill Seme	tery Ri	tchie Howy.	A.A. Md.			
F	EB 2 1977 BBBE	25B. NAM	A2	OMC ully Fai	D	A D D D D C C C			
VS	150-REV. 1/1/68					ELL MACINCO WE			



1-635	BALTIMORE CI	TY HEALTH DEPARTMENT	/1 0999
RTH NO. 71	U999. CERTIFIC	ATE OF DEATH Registered	No
A.E. CASE NO.		2. DATE AND HOUR OF DE	PATU
voe or Print)	m T . 3		
Louise	T. Jordan	Jan. 28, 19	9;45 A.M.
PLACE OF DEATH IN BALTIMORE, MA	ARYLAND	4. USUAL RESIDENCE (Where deceased lived	. If institution: residence before admission)
P			6.2-00
FULL NAME OF (If not in hospital HOSPITAL OR oddress or location	or institution, give street	Md. Balto	•
NSTITUTION		C. CITY OR TOWN (If autside city limits, )	write RURAL and give township)
1222 Stoolston St	l-ma a le	Reisterstown,	
1333 Stockton St	treet	D. STREET ADDRESS (If rurol, give location	on)
00		Caltrider Lane	
SEX  6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
	WIDOWED, DIVORCED (specify)	lost birthday)	Months Doys Hours Min.
Female   Colored	Widowed	Sept. 8, 1904 66	
USUAL OCCUPATION (Give kind of wor	108 KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
e during most of working life, even it retired)			WHAT COUNTRY?
Housewife		Balto. Co. Md.	USA
FATHERS NAME		14. MOTHER'S MAIDEN NAME	
Chamles M.	0.33		
Charles Turne	61.	Mary Randall	
Was Deceased Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT	ADDRESS
s, no or unknown) (If yes, give war or dot	les of service) SECURITY NO.		
No	220-07-984	-7 Mrs. Marion Johnson	Reisterstown, Me
18. 1110 71	CAUSE	OF DEATH	INTERVAL BETWEEN
7/0,7		1	ONSET AND DEATH
DISEASE OF CONDITION DI	11/	I am and Charle	1/2/ 10/
LEADING TO DEATH	(A) PC	MONORY EVICIN EMBE	IISM (Lhvs
(This does not mean the made of		The state of the s	
heart faifure, asthenia, etc. It means injury or complication which caused		1 111	_ , ,
injury or complication which caused	d dedin./	Las Cource In hours	17-645
ANTECEDENT CAUSES	S (B)	goco or so prover	
DISEASES OR CONDITIONS, if	any giving	1100.00	+ '/
rise to the above cause (A)		Supla landling HILLES	1 160
UNDERLYING CONDITION last.	(c)	(a) billion of the state of the	
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. COP WAS PET		1,1	
TO THE DEATH BUT NOT REL	CONTRIBUTING	1/2 / / / /	
DISEASE OR CONDITION CAUSING	IT. CUVONIC PVI	harmon HICUD.	
19A. DATE OF OPERATION 198. CON	NDITION FOR WHICH OPERATION	20A. AUTOPSY! (Yes or No) 20B. IF YES, W	VERE FINDINGS CONSIDERED
WAS PER	RFORMED	IN CERTIFYING	G CAUSES OF DEATH?
DIA ACCIDENT WITH THE	Total at a second	740	
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.	, in or about 21 C. WHERE DID (If in Boil office bldg., INJURY OCCUR?	Itimare City, give exact location)
DEATH (notify medical examiner)	etc.)	San San San San San San San San San San	
OF INJURY (Month) (Doy) (Year)	(Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)	While At Not W		
(AFFROX)	Work At Wo	rk 🗀	
22. I certify that (1) (this hospita	1) attended the deceased from	2-2- 196/ 10	1-28 1971
	, 10	- 7/	
that (1) (we) last saw the deceas	ed alive on	19 and that In(my) (our	) oplnian death occurred an the dat
and hour and from the causes sta	ated shove. (1) (m) (did not)	view the body after death.	
23A. SIGNATURE	(all lies)	The title body direct documents	loss Dave closus
23h. 910912 OKE A 1/1/10	7 - 1/		23B. DATE SIGNED
Markin / And		hys. Med. Stoff Phys.	1/29/71
23C BUYSICIANES	C. fines or		1 1/2/1/11 21/3/
23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	1 + 4
Mantin / Volding	126 111 ) M.	o. I Cherry Hill Kal la	LOIS/OVETOMILI NIA
1.1011111111111111111111111111111111111	Class have h	100019111111111111111111111111111111111	(1)(1)(0 W W/ 10
A BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF C	REMATORY / 24D. LOCATION	(City, lawn, or county) (State)
	O 71 St Tales O	Dei -tt	Wa
Burial Jan. 30	0,71 St Lukes Ce		
A. DATE REC'D BY HEALTH DEPT.	259 NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
NO WOODE E	added they	O W. of Eline & Son	ns Reisterstown,
NIT.	14,0	7 7 7 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
150-REV. 1/1/65			



A THE THE PARTY WAS THE TANK T The grant for HAR STAR LEAD DESCRIPTION WAS THE PROPERTY OF THE MAN MAN THE